MSHS

Schedule Change Request Form

Students who would like to change a class will need to fill out a Schedule Change Request Form ***within the first three school days of the term or before***. The Individual Plan of Study will dictate all class changes predicated on class size. The form will require a detailed explanation of the request as well as parent and teacher signatures. **Per the USD 266 student handbook (pg.34) requests for particular teachers cannot be honored.**

Name: _____ Student ID: _____

Grade (circle): 9 10 11 12 Term (circle): T1 T2 T3 T4

Class(es) to Drop:_____ _____

Class(es) to Add: _____ _____

Explanation of how the requested class better fits your needs or your Individual Plan of Study:

Exiting Teacher Comments (optional):

Exiting Teacher Signature: _____
The student has communicated this request to me.

Parent Signature: _____
I support my student's change request.

This request will be reviewed, then approved or denied by a panel of counselors and/or administrators. Results will be sent to the student via email.

Office Use ONLY
Panel's Decision: ☐ Yes ☐ No ☐ Need more information

Maize South High School
Counseling Department
3701 N. Tyler Road
Wichita, KS 67205
Phone: 316-462-8000
Fax: 316-462-8001