

SCHEDULE CHANGE REQUEST FORM

Student Name: _____ Counselor: _____

Grade: _____ Date: _____ First Period Teacher: _____ Room #: _____

I REQUEST THE FOLLOWING SCHEDULE ADJUSTMENTS:

REVERSE SIDE FOR INSTRUCTIONS 

DROP COURSE		ADD COURSE	

PARENT SIGNATURE: _____

REASON FOR CHANGE: _____

DEAR STUDENT: Your request is REJECTED – BEING QUESTIONED

Reason: _____

See Me: _____

Date

Time

Counselor

Attention Students and Parents,

Please complete this form if a schedule correction is necessary. Due to the availability of courses, certain changes to your schedule may have been made.

Place the completed form in your Counselor's tray outside of the Guidance Office. We will make changes as needed. **Changes will only occur if it is a MAJOR change that requires attention and your schedule allows for the change.** You will receive your new schedule in your first period teacher's class as they are completed. Remain in your old schedule until your updated schedule is delivered to your first period. **A Parent Signature is required!** *In the event we cannot grant your request, you will receive this form back to you stating the reason why.*

Please complete the bottom portion if you need to speak with your counselor or you can email us as follows:

Crystal Johnson – All Jump Start students (9-12), 10th grade I-Z
crystaljohnson@opsb.net

Ricky Jones rickyjones@opsb.net

Wanda Scurfield–9th grade, 10th grade A-H wanda.scurfield@opsb.net

Tesa Stewart –11th &12th grade tstewart@opsb.net

Sincerely,

The Guidance Department