

Bladenboro Middle School

Parent Class Change Request Form

Please complete the following information if you are requesting a change to your child's current class schedule. Note that completing this form does not guarantee a change will be made. Class changes are based on academic need, schedule conflicts, state-mandated requirements, class size, and availability. Decisions will be communicated within a 48 hour window. (excluding weekends)

Student Name: _____

Current Grade Level: 5th 6th 7th 8th

Current Homeroom Teacher: _____

Parent/Guardian Name: _____

Parent Contact Number: _____

Parent Email Address: _____

Requested Change (if specific):

Reason for Request:

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only:

Request Received Reviewed by School Administration Decision Communicated on _____

Notes:

Jennifer Marlowe, Principal
Phillip Penny, Assistant Principal