

Request for Schedule Review School Year 2026-2027

As stated during the spring scheduling process, changes to courses you requested will only be granted based on academic need and administrative approval. This form must be completed for your schedule to be reviewed.

Student's Name _____required Grade _____required

Date of Request _____ Student Cell# _____

1. I need to DROP: _____

Did you request this course? Yes ☐ No ☐

2. Reason: _____

3. I need to DROP: _____

Did you request this course? Yes ☐ No ☐

Reason: _____

4. I wish to ADD: _____

Reason: _____

5. I wish to ADD: _____

Reason: _____

Student's signature _____required

Parent's signature _____required

Parent Cell Phone _____ Parent Email _____

Type directly onto this form, save it to your computer and then attach it to an email to your counselor.

Completed form is to be emailed directly to your Counselor:

Ms. Hinerman: dhinerman@moonarea.net

Ms. Smith: esmith@moonarea.net

Ms. Johnson: pjohnson@moonarea.net

A-G

H-P (Gr. 9-11)

H-N (Gr. 12)

Q-Z (Gr. 9-11)

O-Z (Gr. 12)