CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

High School Schedule Change Form

PLEASE PRINT!!!

School Year	
Grade	
Semester	

Student's Legal Name:

First Name: **Last Name:** **Date:**

Please follow the directions below.

After a student meets with the Academic Counselor, schedule change requests will be reviewed. Top priority will be given to students whose schedules contain the issues listed below. Changes to elective courses may not be granted due to class size limitations, scheduling balance, and because original course requests have already been met. Please note that some students may have been scheduled into their first or second alternate elective choice.

Once any approved schedule changes have been processed, an email confirmation will be sent to the student's parent/guardian outlining the changes made to the student's schedule.

1. You have failed a class.
2. You have taken this class in the summer.
3. You are a senior who needs a course to meet graduation requirements.
4. You have not met the prerequisite for a scheduled class.
5. There is a current health issue that requires a change in schedule.
6. Inappropriate academic placement.
7. If the placement was an error on the school's part such as something you actually had not requested.

Current Class	Period	Requested Class	Requested Class Teacher Signature

Academic Counselor's Signature:

Name: **Date:**

Parent/Guardian's Name:

First Name: **Last Name:**

Email: **Date:**