Enter Your Official School Name:

_____

PINELLAS COUNTY SCHOOLS
Middle School Education
Schedule Change Request Form

Student First & Last Name (Please Print) _____ Student Number _____

Grade _____ Date _____

In the schedule table below, please write the name of the period/class for which you are requesting a change.

Period	Class Name	Teacher Name
1		
2		
3		
4		
5		
6		
7		
8		

Reason for Schedule Change Request (Please check one of the boxes below)

❑ Missing an academic class- Student is missing a core class such as English Language Arts, Social Studies, Math, or Science.	❑ Student is missing services (ESE, ELL or Gifted) as determined by school official records.
❑ Incorrect grade level noted on the schedule	❑ Other (please state below).
❑ Student wants a different elective (*subject to availability*).	

Explain Reason for Schedule Change Request. Be Specific.

Student Signature _____ Parent Signature _____

Phone Number: _____ Email Address: _____

FOR OFFICE USE ONLY

Request Approved: ____

Request Not Approved: ____ If not approved, why? _____

Administrator or School Counselor Signature: _____ Date: _____

PARENTS SUBMIT THIS FORM TO THE ASSISTANT PRINCIPAL OF CURRICULUM AT YOUR CURRENT MIDDLE SCHOOL OF ENROLLMENT.