Fee Received on:_____ Cash _____ Check # _____

Request for Class Schedule Change, 2026-27 School Year

Begins: 7/13/2026 Deadline for changes: 8/21/2026 Semester 1

As noted in the Student Handbook, schedule changes may be made only for sound academic reasons. Requests to have a specific teacher or to be with specific students are not approved.

Your request for a schedule change will not be considered until this form has been completely filled out, signed by the designated persons, and submitted to the counseling office, with a $20 fee, cash or check payable to Saint Thomas Aquinas. Requests via email will not be accepted.

You are asked to follow your present schedule until your request for a change has been fully processed by the counselor and an administrator.

Name of Student: _____ ***Grade:*** _____

Do you have a Catholic Schools Student Support Plan? _____NO _____YES

Class I want to drop: _____ ***Class I want to add:*** _____

Class I want to drop: _____ ***Class I want to add:*** _____

Reason for requested change (use back of form if needed):

_____
_____
_____
_____

Required Signatures:

_____ ***Student Signature and Date***
(Athletes: I have checked NCAA requirements.)

_____ ***Parent Signature and Date***

_____ ***Counselor Signature and Date***

Counselor Comments:

_____
_____
_____

The area below is for office use only.

_____ ***Approved*** _____ ***Not approved***

Administrator Signature and Date: _____