

IHS Counselors 9th – 10thCircle your counselor's name

Ms. Graham – A-D

grahamla@svsd.net

Mr. Murray – E-K

murraysj@svsd.net

Ms. Calder – L-Q

calderaj@svsd.net

Dr. M. Christopher – R-Z

christopherms@svsd.net**SENECA VALLEY HIGH SCHOOL
ADD/DROP CHANGE REQUEST****SHS Counselors 11th – 12th**Circle your counselor's name

Ms. McQuiston – A-D

mcquistonwj@svsd.net

Ms. D. Christopher – E-K

christopherdm@svsd.net

Ms. Shipe – L-Q

shipejj@svsd.net

Ms. Estvanik – R-Z

estvanikce@svsd.net

Last Name

First Name

Grade
2026-2027

Student ID#**DROP**

Course #	Course Name

ADD

Course #	Course Name

Date

Parent/Guardian Signature

**Some course changes may require teacher approval and/or parent waiver.
The guidance office will advise if teacher approval is required.**

Schedule change requests will be processed on a first come-first serve basis. First semester and full year schedule change requests will not be accepted after **3:00 pm on Friday, August 28, 2026**. Second semester schedule change requests will not be accepted after **3:00 pm on Monday, January 25, 2027**.

Please be aware the completion of this form is NOT to be considered as an approval for a schedule change. Your schedule change request may not be possible due to the class periods that courses are offered. Please follow your current schedule until you hear from your counselor.