

Fee Received on: _____ Cash _____ Check # _____

Request for Class Schedule Change, 2026-27 School Year

Begins: 11/16/2026

Deadline for changes: 12/4/2026

Semester 2

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 will not be 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: _____