

Schedule Change Request

Student's Name _____ ID # _____

Grade _____ SLC _____ Counselor _____

Reason for change request (Check all that apply.)

- _____ I have already passed this course.
- _____ I do not meet the pre-requisite requirements to be in this course.
- _____ I did not select this course during CAP conferences (either as a primary or alternate choice).
- _____ I have the same course on my schedule twice.
- _____ I need another class to meet graduation requirements.
- _____ I made up the credit in summer school, Alt Ed or in the after school Learning Center.

| Drop this Class | Period | Add this Class | Period |
|-----------------|--------|----------------|--------|
| | | | |
| | | | |
| | | | |

- _____ Please make this change regardless of how it affects my other scheduled classes.
- _____ Please only make this change if it doesn't change any of my other periods. Note: selecting this option may prevent the requested change from being feasible.

Student's Signature

Parent Signature (required if student is not 18)

BHS Schedule Change Procedure

- **Schedules change requests may be submitted during the first five days of each semester only.**
- **Parent approval is required if student is not 18 years of age.**
- **Placement in a class is limited to available space subject to state mandated restrictions.**
- **Requests for specific teachers are not permitted by school board policy.**
- **A student must maintain enrollment in a year-long class for the entire school year.**
- **Students may not switch their SLC during the school year.**
- **Special circumstances may allow for a schedule change at 2nd semester providing that:**
 - **The student demonstrates effort by having turned in all homework and taken all tests.**
 - **The student has sought extra help during Seminar, before school, or after school.**
 - **A parent/teacher conference has been held.**
 - **That in spite of above efforts, the student has a "D" or an "F" in the course.**
 - **Administrative approval is needed after verification of above conditions.**

If a counselor needs to discuss this request, please contact _____
Student/Parent/Guardian

at _____. The best time to call is _____
Phone number time available by phone