

Request for Elective Schedule Change

Return this form to the office and our counselors will consider the requested change. Electives are very full. There are very limited options for movement in these classes.

In addition if there is an error in your schedule (i.e. two math classes, two science, etc.) please submit this form to the office.

Please PRINT clearly

Name: _____

Grade:

_____ Last name

_____ First Name

Date: _____

Reason for schedule change:

_____ Parent signature

_____ Student signature

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