

Schedule Change Request Form

STUDENT NAME: _____ GRADE: _____

PARENT CONTACT INFORMATION

PHONE(S): _____

E-MAIL: _____

Before requesting a schedule change, please review "Schedule Policies" on page 5 of the Lakota West Program of Study book. **All requests must be in writing and must be signed by a parent/guardian.** Counselors will review schedule change requests and will deal with them in priority order, "a" through "j" (since categories "a" through "c" are counselor-initiated, they are not listed below). Please check the applicable category and supply the requested information.

- _____ d. A parent may request a schedule change if the student's initial requests were not scheduled.
Initial request:
Alternate requests (in case of conflict:
- _____ e. A parent may request a schedule change if a course on the student's schedule has been successfully completed through summer school, electronic high school, correspondence school, etc.
Course:
Completed through:
- _____ f. A parent may request a teacher change only if the student has failed the same course with the same teacher in a prior semester.
Course and teacher:
- _____ g. A parent may request a level change (e.g., Honors Algebra II to College Prep Algebra II) after consultation with the current teacher. Level changes can occur throughout the semester and are not subject to the time frame specified in sections "h" and "I" below.
Current course:
Requested course:
- _____ h. A parent may request to add a course to the student's schedule during the first five days of the semester.
Course to be added:
- _____ i. A parent may request to drop a course from the student's schedule without penalty during the first ten days of the semester. After day 5, the student will be assigned to study hall in place of the dropped class. This option is available only to students who are carrying more than the minimum amount of classes (seniors must carry at least five classes; juniors and sophs must carry six).
Course to be dropped:
- _____ j. Other (please be specific):

Parent/guardian signature: _____ Date: _____

Student: Counselors will deal with all schedule change requests in priority order. **Follow your original schedule until you receive a new one.** You may sign up for an appointment beginning the third day of the semester if you wish to discuss your situation with your counselor.