

SCHEDULE CORRECTION FORM

Please complete one (1) form with all changes.

Student Name: _____ Grade: _____ Student ID#: _____

Best way to contact me (e-mail or cell phone #): _____

Counselor Name: _____ Date: _____

I would like to add:

I would like to drop:

Reason/Rationale for Request:

**By submitting this form I understand that there is NO GUARANTEE that currently assigned teachers and/or periods will remain*

Student Signature: _____

Follow your current schedule until a change appears on Home Access.

This form can be dropped off by the Library August 29-31