

Counselor _____

SCHEDULE CHANGE REQUEST

Date _____

Student Information (Please provide your FULL name and complete ALL requested information):

Student Name: _____

_____ Last Name, First Name

_____ Student Number

_____ Grade Level

Phone Number: _____

Alt Phone Number: _____

****Request for a class change does NOT guarantee a change can or will be made.****

****Students must continue attending current classes and complete all assignments until official notification from Guidance is received that the schedule change request has been granted.****

PARENT/GUARDIAN SIGNATURE IS MANDATORY FOR SCHEDULE CHANGE!!

Requesting to Drop*	Reason for Request*	Request to add* (Please provide multiple alternates)

*Additional Notes/Information may be written on the back of this form.

OFFICIAL VHSL ELIGIBILITY DISCLAIMER:

Students involved in Virginia High School League sponsored athletics/activities are required to speak with their counselor regarding their schedule request and their academic eligibility status. Please list any VHSL sponsored activities you are actively involved in below. If this request results in an ineligibility status, student and parent will be notified by the Athletic Director and must complete an acknowledgement form and obtain signatures from the student's grade level counselor, Athletic Director and Assistant Principal.

1.	3.	5.
2.	4.	6.

Student Signature: _____

Date: _____

Parent or Guardian Signature: _____

Date: _____

Request Granted/Not Granted: _____

Date: _____