

GRAYLING HIGH SCHOOL

SCHEDULE CHANGE REQUEST FORM

You must complete this form before you will be permitted to have your schedule changed. Be sure to check for closed sections of classes in the counseling office before returning this form. If your schedule change involves a move into a closed section, the move is not possible. Please look for an alternate choice.

Name _____

Grade _____

1. What are your future plans? Please be specific about your college/career goals. _____

2. What class do you wish to drop? _____

3. Is this class you wish to drop necessary to meet your future goals? _____

4. What class would you like to add? _____

5. Why do you want to add this class? _____

Reason for schedule change

_____ Missing a class required for graduation

_____ Need to re-take a required class to earn credit

_____ Schedule is incomplete or includes a previously passed course

_____ Would like to attend the Career Tech Center

_____ Other (explain) _____

Student signature

Date

Parent/Guardian signature

Date

Note to parents: Before signing this form, particularly if your student is requesting to drop English, math, science, social studies or foreign language courses, you should consult the GHS curriculum guide for graduation requirements and for college prep recommendations if your child will be applying to college.

Completion of this form does not guarantee a change of schedule will be granted. Class size, flexibility of schedule, graduation requirements and reason for the proposed change will be considered before any change is made.