

*This form must be completed and returned to Guidance by the close of school on Friday, August 13, 2021 Complete all sections below. Incomplete forms will not be processed. Student: _____Student #:____ Grade Level (Circle Appropriate Level): Phone #: _____Email:_____ 9^{TH} 11[™] 12[™] Magnet/ Major:_____ **CURRENT SCHEDULE** 1ST Semester 2ND Semester 1 1 2 4 4 5 5 6 8 8 Please Note: Completing and returning this form does not guarantee that a schedule change will be honored. Please keep in mind that we cannot accommodate requests for specific teachers, lunch assignments, or class periods Please write on the line below the class(es) you are requesting to DROP: 1. 2. 3. Please write on the line below the class(es) you are requesting to ADD: 1. _____ 2. ____ 3. ____ Reason for request: **Required Signatures:** Parent: _____ Student: ____ Department Chair (Required for all level changes) ______Teacher (If required) _____ (Required for all magnet courses) APC Magnet Lead Teacher or Department Chair (Required for all magnet revisions):

Date of Review: ____ Counselor Signature: _____

Created/ Revised By C. Reid 7/26/21