

SCHEDULE CHANGE POLICY AND REQUEST FORM

Redlands High School 2008-2009

Student Name _____

Grade _____

Date _____

Counselor Name _____

To support academic success, our goal in the counseling department is to have all students in appropriate classes as quickly as possible. Therefore, schedule adjustments will be completed in the following order of priority:

1. an incomplete schedule
2. course already completed
3. pre-requisite not met
4. missing a graduation requirement

When the counseling department has completed the academic changes, elective changes to meet college and career goals will be considered on a space available basis. Elective changes will only be made if the change does not impact other class sizes and compel teacher changes. **Thus, not all elective changes can be accommodated.**

***NO ELECTIVE CHANGES WILL BE CONSIDERED UNTIL ALL
ACADEMIC CHANGES HAVE BEEN COMPLETED**

To ensure your academic success, we encourage all schedule change requests be submitted one week prior to the beginning of the new semester. Schedule changes can only be made during the first 20 days of each semester. However, we strongly encourage you to make any requests early so as not to enter a new class already "behind" in work.

Reason for Change: _____

Drop: _____ **Add:** _____

Teacher Signature _____

Parent Signature _____

Counselor Signature _____

Date _____

Approved/Denied _____

Comments: _____

