

SOUTH HARRISON HIGH SCHOOL
SCHEDULE CHANGE REQUEST FORM

SEM. 1 _____ SEM. 2 _____ (please check one)

Personal Information:

Student Name: _____ ID# _____

Grade _____ AA Teacher _____ Home Phone _____

Course(s) Requesting to Drop:

Course(s) Requesting to Add:

Teacher Signature: _____

In the space below, briefly state why you are requesting this schedule change.

Student Signature

Parent/Guardian Signature

AA Teacher Signature

Administrative Signature

Please submit this form to the office by the announced date for consideration.

_____ Approved _____ Denied Reason: _____

Date Approved/Denied