

Desert Hills High School
Schedule Change Request

**NO CLASS CHANGES WILL BE MADE AFTER
Friday, January 4th, 2019**

To request a schedule change you must:

1. List current class schedule **and** requested class changes
2. Obtain ALL signatures below (Student, Parent)
3. ***Bring this completed form and your payment receipt to the counseling secretary***
4. Meet with a Counselor

Note: Completion of this form DOES NOT GUARANTEE that the changes will be made. If the change is NOT made, the fee will be refunded.

Student Name _____ **Grade** _____

CURRENT CLASS SCHEDULE	
1st SEMESTER	1A
	2A
	3A
	4A
	5B
	6B
	7B
	8B

REQUESTED CLASS CHANGES	
1st SEMESTER	1A
	2A
	3A
	4A
	5B
	6B
	7B
	8B

CURRENT CLASS SCHEDULE	
2nd SEMESTER	1A
	2A
	3A
	4A
	5B
	6B
	7B
	8B

REQUESTED CLASS CHANGES	
2nd SEMESTER	1A
	2A
	3A
	4A
	5B
	6B
	7B
	8B

Reason for class change _____

Student's Signature _____ **Date** _____

I have discussed my student's request for a class change with my student and agree to the change.

Parent/ Guardian's Signature _____ **Date** _____

Counseling Office Use Only:

Change made by _____ Date _____

Counselor's Signature