

Desert Hills High School
Schedule Change Request

**NO CLASS CHANGES WILL BE MADE AFTER
Friday, August 21st, 2020**

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

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

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

REQUESTED CLASS CHANGES	
2 nd 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