Class Change Request Form

The following must be completed **BEFORE** a class change will be considered at quarter:

| Due Dates: Quarter 2 - October 19th, 2020 | Qua | arter 4 - March 15th, 2021 |
|--|---------|--------------------------------|
| Step 1: Student Concern | | |
| Name of Student: | | Grade: |
| Class to Drop: | Period: | Teacher Name: |
| | | Teacher Signature: |
| Class to Add: | Period: | Teacher Name: |
| | | Teacher Signature: |
| Reason for Change: | | |
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| Steps I have taken to address the issue: | | |
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| Step 2: Meet with Counselor (student initiated) | | Date: |
| Counselor notes: | | |
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| | | |
| Step 3: Meet with Teacher (student initiated) | | Date: |
| Teacher notes: | | |
| | | |
| | | |
| | | |
| Student Signature: | | Date: |
| Parent Signature: | | Date: |
| Counselor Signature: | | Date: |
| Admin Signature (if needed) | | Date: |
| Request Approved Request Denied Request Denied | | |
| | | Class change fee has been paid |