



Schedule Change Permission Form

Date

Grade Level in 2020-2021 School Year

I, _____, am requesting the following schedule change:

Write request in this box. Include the change you are requesting and the reason for the request.

The following are true (initial next to each statement):

_____ I am a senior and I am not dropping a class that I need for graduation. (Seniors only)

_____ I know the graduation requirements and I understand how this schedule change affects my progress towards the completion of those requirements.

Student Name (Please print)

Student Signature

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Mentor Signature (Required after school resumes)

Teacher's Signature (if dropping a class after school resumes)