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) __________