

Approved _____ Not Approved _____

Date of New Schedule _____

Life School Oak Cliff Secondary
High School Schedule Change Request Form

Please complete this form and return it to the counselor's office

Master Schedules have been prepared for course requirements and students request from the spring. We have worked to provide schedules that maximize opportunities for student achievement. Due to enrollment numbers, some courses may be dropped from the master schedule. At times, conflicts do occur. School counselors and administrators will try to accommodate student needs if classes conflict or are omitted from a student's schedule. Schedule changes for all other reasons are at the discretion of the school counselors and or administrators and will be granted on an individual need basis.

Nature of Request (check one):

_____ Missing core course

_____ More than 8 classes

_____ Missing elective course

_____ Placed in wrong class (AP or Pre AP)

_____ Fewer than 8 classes

_____ Other: _____

Course(s) to be added:

1. _____ 2. _____

Course(s) to be dropped:

1. _____ 2. _____

Reason for request:

Until provided with a new schedule or until you have received response from your counselor, it is important that students follow their current schedule.

Print Student Name: _____ Grade: _____ Date: _____

Parent Signature: _____ Phone: _____ Date: _____

Administrator Signature: _____ Date: _____