

Northern Burlington County Regional School District

160 Mansfield Road East
Columbus, New Jersey 08022-9742
Telephone: 609-298-3900 Fax: 609-324-1702

Dr. Andrew Zuckerman
Superintendent

Ms. Kieshea Fitzgerald
Director of School Counseling Services



High School Counseling Office
609-298-3900 X 2050

Registrar
609-298-3900 X 2051

SCHEDULE CHANGE FORM

If students wish to request a schedule or level changes **AFTER** the first ten days of the start of each semester, please complete this form.

Student Name _____ Counselor _____

Grade in 23-24 (Circle One) 9 10 11 12 Date Received by Counselor _____

<u>Current Enrolled Course</u>	<u>Course Requested</u>
1.	1.

Please indicate the reason for the request:

- My son/daughter does not wish to enroll in the level in which they were scheduled.
- My son/daughter wishes to DROP/ADD a course (for use AFTER the first 10 days of a semester).
- My son/daughter wishes to double up in math.

Why are you submitting this request? (This should be completed by the student, please be as specific as possible about why you are requesting this change.)

Schedule/Level changes **may** be considered for the following reasons:

- The correction of an error in the schedule including a conflict between two or more courses, failure of a prerequisite course, or more than one (1) study hall period per semester.
- A recommendation from the Child Study Team.
- A recommendation from a building administrator for disciplinary, attendance, or instructional reasons.
- If a student is repeating a course and is assigned to a teacher with whom he or she previously received a failing grade, assignment to a different teacher will be scheduled if another teacher is available.
- Option II/Early Dismissal (30 credits must be maintained)

Schedule/Level changes **may not** be considered for the following reasons:

- Course waiver was signed for the current class.
- Change of course not included in primary or alternate selections
- Course content or expectations
- Course not needed for graduation
- Lack of available seats in course
- Student is appropriately placed in the course
- Teacher preference or inability to relate to the current teacher
- To lighten course load, for convenience, preference for another subject or class period, or to be with friends
- To enter a study hall

If the Director of Instruction approves the change, the course withdrawal will be reflected on the transcript as Withdraw Pass (WP) / Withdraw Fail (WF) according to the following timeline:

- If a course is approved to be dropped prior to the midpoint of the first marking period, no indication of enrollment will be indicated on the report card or transcript.
- If a course is approved to be dropped after the midpoint of the first marking period, the current grade at the time of withdrawal will be indicated on the report card and transcript as WF or WP.

By signing below, you are acknowledging that you and your student have read the form in its entirety, have discussed the course change, and understand that if the request is granted, future requests for removal from the course will not be honored.

Student's Signature _____

Parent's Name _____ Parent's Signature _____

Director's Signature _____

Director review date: _____

Approved

Not Approved

Notes:

Directors Signature