

Galesburg-Augusta High School **Schedule Change Request Form**

Considerable effort has been made to place students in appropriate and beneficial courses through student/parent requests and teacher/counselor recommendations. Since all decisions regarding staffing, instructional supplies, etc. are made based on those selections, schedule change requests will only be considered under limited circumstances. With this in mind, student schedules cannot be changed without approval from the schedule change committee (including parents, teachers, counselor, and administration).

For a schedule change request to be considered, the schedule change request form must be completed in its entirety and returned to the principal for review.

Step 1: To be completed by the STUDENT.

Name: _____ Date of Request: _____

Requested Course to Drop: _____

Requested Course to Add: _____

I am requesting this schedule change due to the following reason/s:

I have discussed my request with my current teacher and have worked with this teacher to resolve my concerns.

I have discussed my request with the teacher of my preferred course and understand the requirements/responsibilities necessary to join this course.

Student Signature: _____

Step 2: To be completed by the CURRENT TEACHER.

I have made contact with the student and student's parent and have worked to resolve student/parent concerns.

I recommend/approve this request based on the following information:

I do **NOT** recommend/approve this request based on the following information:

Teacher Signature: _____

Step 3: To be completed by the TEACHER OF THE DESIRED COURSE.

I have made contact with the student and have discussed the requirements/responsibilities necessary to join this course.

I recommend/approve this request based on the following information:

I do **NOT** recommend/approve this request based on the following information:

Teacher Signature: _____

Step 4: To be completed by the PARENT.

I have made contact with my student's current teacher and have attempted to work with this teacher to understand/resolve my student's concerns.

I have been given information regarding my student's preferred course and understand the responsibilities/requirements necessary to join this course.

I understand that a schedule change may limit my student's eligibility for college sports and college admissions.

I recommend/approve my student's schedule change request.

I do **NOT** recommend/approve my student's schedule change request.

Comments:

Parent Signature: _____

Step 5: Student must return completed form to the principal. Completion of this form does not guarantee that the requested change will be made. STUDENT SHOULD CONTINUE WITH ORIGINAL SCHEDULE UNTIL FURTHER NOTICE.