



# LAKE HOWELL HIGH SCHOOL SCHEDULE CHANGE REQUEST FORM

**\*\*\*Please fill form out COMPLETELY. Incomplete forms will result in NO ACTION\*\*\***

Print Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*Parent Signature (REQUIRED)** \_\_\_\_\_

\*COURSE(S) TO BE DROPPED:  
\_\_\_\_\_

\*COURSE(S) TO BE ADDED:  
\_\_\_\_\_

- **If you have not passed the FSA/FCAT, you must take Intensive Reading; you may not drop this class.**
- **Changes in electives will only be made for the reasons below.**
- **Please do not ask to change from one teacher to another.**
- **Please do not ask to change from one lunch period to another.**

**\*\*\*REASON\*\*\*** (This section must be completed)

\_\_\_\_\_ Already taken and earned credit for \_\_\_\_\_

\_\_\_\_\_ Course needed for graduation: \_\_\_\_\_

\_\_\_\_\_ Other (Please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>Counselor Action (SCHOOL USE ONLY)</b>	
<input type="checkbox"/>	Schedule change <i>denied</i> .
<input type="checkbox"/>	Your request <i>cannot</i> be honored. This class is not offered at the time requested OR class is full.
<input type="checkbox"/>	Schedule change <i>approved</i> .
Counselor Signature: _____	Date: _____