

Schedule Change Request Form

Student Name _____ **Grade** _____

Please describe the schedule change you need in the space below and state the reason for the change and email your request to: bacounselor@cableone.net. All requests must be in writing. Phone calls are not acceptable. Priority will be determined by grade level, date submitted, and original request. Every effort will be made to make changes when possible but please understand that some classes are full and no more students may be added. Thank you for your cooperation.

Date of Request _____