

**SLIDELL HIGH SCHOOL
SCHEDULE CHANGE REQUEST FORM**

STUDENT NAME _____ DATE _____

GRADE: _____

Schedule change requests require parent signatures.

Schedules will be changed **ONLY** for the following reasons:

- Incorrect placement (Ex: Already taken and passed course)
- Fulfillment of Graduation and/or TOPS requirements

COURSE/S you would like to DROP:

Course/s	Reason/s	Teacher Sign/Comments
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

COURSE/S you would like to ADD:

Course/s	Reason/s	Teacher Sign/Comments
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PARENT/GUARDIAN APPROVAL:

My son/daughter has my permission to make the change/s listed above.

_____ Date _____
(Parent/Guardian Signature)

ADMINISTRATIVE RESPONSE:

_____ APPROVED _____ DENIED _____ date _____ Signature

COMMENTS MAY BE MADE ON THE BACK OF THE PAGE