Name_____ Grade _____

Home Phone_____ Cell Phone _____

2010-2011 School Year
STUDENT INITIATED SCHEDULE CHANGE FORM

Providence Students:

Should you need an elective or academic schedule change, please complete this form, sign it, have your parent sign and date it, and return it to the front office no later than **Friday, August 20th, at 12 NOON**. No schedule changes will be accepted after that time. Any schedule change requests submitted from June 22nd to August 4th will be addressed on August 4th. **You will be advised of the status of your schedule change request by the end of school on or before Monday, August 23rd.**

(Please note that the school counseling office will not be making schedule changes from June 22nd-August 4th)

Check one of the following:

_____1. I am currently in an academic course for which I do not possess the prerequisite.

_____2. I am currently in an academic/elective course for which I have already earned credit.

_____3. I am currently in an elective course for which I do not possess the prerequisite.

_____4. I need to add a semester/year class that is a graduation requirement.

_____5. I would like to add zero period PE second semester.

_____6. I would like to have a schedule change, but do not meet the criteria detailed in the items above.

NOTE: The Providence Master Schedule was based on the course option forms submitted in the spring or at the time you enrolled. Every effort was made to schedule you in each of your preferred choices. However, elective courses were not scheduled until after your academic schedule was in place. In order for your request to be processed, **you must complete this form in its entirety and secure all necessary signatures.**

Drop _____

Add _____, _____,
(lst choice) (2nd choice)

or _____.
(3rd choice)

Student's Signature **Parent's Signature / Date**

_____ _____

You will be advised of the status of your schedule change request on or before Monday, August 23rd by the end of the school day.