

Schedule Change Request/Permission for Off-Roll (on back)

Please complete and obtain parent signature for all changes. Return SIGNED form to Sun Center.

| | | | |
|---------------|-----------|--------------------|--|
| Student Name | ID Number | Date | Circle if you are in: AVID ELL |
| Student email | | Student cell phone | |

DEADLINE for Trimester 1 Change Requests is 8/24

| TRIMESTER 1 Requested Changes | | | Reasons for Change: | |
|---------------------------------|---|---|---------------------|---|
| T R I 1 | Course to drop | Trimester 1 | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Need to repeat <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need for graduation (Seniors only) OTHER: |
| | Replacement Class <u>from posted list</u> | <i>Replacement class must be in the same trimester and period as class to drop.</i> | | |
| | Course to drop | Trimester 1 | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Need to repeat <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need for graduation (Seniors only) OTHER: |
| | Replacement Class <u>from posted list</u> | <i>Replacement class must be in the same trimester and period as class to drop.</i> | | |

DEADLINE for Trimesters 2 and 3 Change Requests is 10/25

| TRIMESTER 2 Requested Changes | | | Reasons for Change: | |
|---------------------------------|---|---|---------------------|---|
| T R I 2 | Course to drop | Trimester 2 | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Need to repeat <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need for graduation (Seniors only) OTHER: |
| | Replacement Class <u>from posted list</u> | <i>Replacement class must be in the same trimester and period as class to drop.</i> | | |
| | Course to drop | Trimester 2 | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Need to repeat <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need for graduation (Seniors only) OTHER: |
| | Replacement Class <u>from posted list</u> | <i>Replacement class must be in the same trimester and period as class to drop.</i> | | |
| TRIMESTER 3 Requested Changes | | | Reasons for Change: | |
| T R I 3 | Course to drop | Trimester 3 | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Need to repeat <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need for graduation (Seniors only) OTHER: |
| | Replacement Class <u>from posted list</u> | <i>Replacement class must be in the same trimester and period as class to drop.</i> | | |
| | Course to drop | Trimester 3 | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Need to repeat <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need for graduation (Seniors only) OTHER: |
| | Replacement Class <u>from posted list</u> | <i>Replacement class must be in the same trimester and period as class to drop.</i> | | |

I agree to requested class changes and understand that dropping this class may affect my student's UC/CSU A-G Eligibility, NCAA Eligibility and/or Graduation Requirements.

Parent Signature

Date

Your request will not be considered without parent signature. Return signed form to Sun Center.



MT. CARMEL SUNDEVILS

Parent/Guardian Permission for Off-Roll

Dear Parent/Guardian,

You and your student have requested a shortened schedule during one or more terms for the 2018-19 school year. A shortened schedule is one that has your student enrolled in fewer than five courses. Only students who are on track to graduate may request a reduction in their school schedule.

Not having a 5th period will result in a release from school prior to the scheduled end time.

Not having a 1st period will result in a start time that is later than the scheduled start time.

Not having period 2, 3 or 4, will result in students being unassigned to a class during the school day. Students are required to stay on campus during this time in the designated space.

Your signature below indicates that you understand and grant permission for your student's request for a shortened schedule.

Parent/Guardian Permission for Off-Roll

Off-Roll Requested: T1 - Period: _____ T2 - Period: _____ T3 - Period: _____

Circle if you are in: AVID or ELL

Class you will drop for off-roll (must be in same trimester and period as desired off-roll)

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date