

Schedule Change Request for Trimesters 2 & 3

Off-Roll Permission (on back) Deadline: 11/1/17

*Please complete and obtain parent signature for all changes. Off-roll Parent Permission form is on the back of this form and is required for off-roll. Return **SIGNED** form to basket in front of Sun Center.*

| | | | |
|---------------|--------------------------------------|------------|-------|
| Student Name: | Circle if you are in: AVID ELL | ID Number: | Date: |
| Cell Phone: | Email: | | |

*The master schedule was built and staff hired based upon your requests. We are unable to accommodate personal preference requests for specific teachers or for classes to be scheduled into specific periods of the day. All Changes require parent signature and will be made **ON A SPACE AVAILABLE BASIS**.*

| Requested Changes | | | Acceptable Reasons for Change: |
|-------------------|-----------|--------|--|
| Course to drop | Trimester | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need to repeat <input type="checkbox"/> Need for graduation (Seniors only) |
| Replacement Class | | | |
| Course to drop | Trimester | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need to repeat <input type="checkbox"/> Need for graduation (Seniors only) |
| Replacement Class | | | |
| Course to drop | Trimester | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need to repeat <input type="checkbox"/> Need for graduation (Seniors only) |
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| Course to drop | Trimester | Period | <input type="checkbox"/> Already taken and passed <input type="checkbox"/> Wrong level (didn't take/pass pre-requisite level) <input type="checkbox"/> Need to repeat <input type="checkbox"/> Need for graduation (Seniors only) |
| Replacement Class | | | |

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 basket in front of 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 2017-18 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

Student Name

Student Signature

Date

Parent Name

Parent Signature

Date