DNHS 2020-21 SCHEDULE CHANGE REQUEST

NAME: _____ GRADE: _____ DATE: _____
LAST FIRST M.I.

EMAIL ADDRESS: _____ TELEPHONE#: _____

COUNSELOR: ☐ Mrs. Kihneman (A-Di) ☐ Mr. Roty (Dj-Ke) ☐ Miss Chase (Kf-O)
☐ Mr. Luna (P-Sa) ☐ Mrs. Marron (Sb-Z)

Examples of acceptable changes:	Examples of unacceptable changes:
1. Level change: e.g. you have Spanish 1-2 on your schedule, but you need to be in Spanish 3-4 2. Open Period: less than five classes in one trimester. 3. Incorrect class: incorrect class, e.g. you requested Mandarin but received Spanish.	1. We do not accept requests for a specific teacher, trimester or period. 2. Required grade level courses will not be dropped. 3. AP courses cannot be dropped.

We may not be able to accommodate your request, as most of our classes are full.
If you are requesting to drop a class, please list at least 2-3 alternate classes.

CURRENT CLASS TO DROP	DESIRED CLASS TO ADD
_____	_____
_____	_____
_____	_____

EXPLANATION FOR MY REQUEST:

_____

_____

I understand that this request will be considered by my counselor and may or may not be made, depending upon restrictions in the Master Schedule.

_____ _____
STUDENT SIGNATURE (Required) PARENT SIGNATURE (Required)

FOR OFFICE USE ONLY

Change was: Made ☐ Not Made ☐

Reasons/Comments: _____

_____

_____
Counselor Signature

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