

2023-24 ARROWHEAD HIGH SCHOOL SCHEDULE CHANGE REQUEST FORM

Student Name _____ Grade _____

Counselor (circle one): South Campus **Stuber** (A-G) **Whyte** (H-O) **Sroka** (P-Z) North
Campus **Matthias** (A-G) **Reineking** (H-O) **Rodenkirch** (P-Z)

Name(s) of class(es) you wish to **DROP**: Name(s) of class(es) you wish to **ADD**:

Reason:

- My post-secondary and/or career goal has changed.
- My course load is too heavy. I need to change a course or add a study hall.
- I want to add more rigor to my schedule
- The college of my choice requires a certain class for acceptance.
- A teacher recommends that I change a class. Teacher name _____
- Other: _____

The following are **NOT** acceptable reasons to change your schedule:

- To have a teacher change
- To be placed in a class with a friend
- To change your lunch
- To rearrange your schedule to your liking

PLEASE NOTE:

- All schedule changes must be done, by appointment, in person.
- No phone calls or e-mails regarding schedule changes will be accepted. ● This form will only be accepted from the 2nd day through the 6th day of the semester. ● No schedule change requests will be honored over the summer.
- Rearranging schedules will not be permitted to add a class. You may only add a class into an open period.

****Required** - Parent Signature approving schedule change Date

****Required** - Student Signature Date