2026-27 ARROWHEAD HIGH SCHOOL SCHEDULE CHANGE REQUEST FORM

Student Name_____ Grade _____

Counselor (circle/highlight one):

Stuber (A-Di)	Matthias (Dj-Ho)	Reineking (Hp-Mi)	Whyte (Mj-Sc)	Sroka (Sd-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 recommended 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 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

For office use only – Counselor Initials _____ upon approved schedule change
Date of schedule change _____