

**CAPITAL HIGH SCHOOL**  
**CLASS SCHEDULE CHANGE REQUEST FORM 2016-2017**

- *Please return to Counseling Center – Do Not make an appointment.*
- *An incomplete form will not be accepted.*
- *Student will be notified when a decision has been made.*

Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Counselor \_\_\_\_\_ Student Cell #: \_\_\_\_\_ Email \_\_\_\_\_

**NOTE:** Changes will be made **only** if the request meets one of the following criteria:

1. You have **failed** a class
2. You have taken this class in the summer
3. You are a **Senior** who needs a course to meet graduation requirements
4. There is a **current health** issue that requires a change in schedule
5. Inappropriate class placement (i.e: placed in inappropriate level of language or math)
6. Duplicate Class
7. Other concerns not listed above will be considered but are limited by availability.

**ONLY LIST INCORRECT CLASS AND PERIOD!**

CURRENT CLASS	REQUESTED CLASS

REASON FOR REQUESTING THIS CHANGE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FORM IS NOT VALID WITHOUT PARENT SIGNATURE**

Parent's signature \_\_\_\_\_

Counselor's determination:

- ❖ Approved – see attached schedule
- ❖ Denied – Reason: a) Does not meet criteria listed above.  
b) Other (Explanation):