

SCHEDULE CHANGE REQUEST

STUDENT NAME: _____ GRADE: _____ EMAIL: _____

PHONE: _____ PARENT'S EMAIL: _____

I request the following changes be made to my son/daughter's KHS schedule:

COURSE TITLE	DROP	ADD

PARENT'S SIGNATURE: _____

DATE: _____

STUDENT'S SIGNATURE: _____

DATE: _____

****Please note that requesting a schedule change may change lunch periods or other class periods. Once the schedule has been changed, it will NOT be changed again, and will be final. Please make sure the change is one that is desired. Schedule changes are subject to course availability, schedule fit, and minimum/maximum credit requirements.