

Saint Paul's School Schedule Change Request Form

Student's Name: _____ Grade: _____ Date: _____

Schedules will be changed **ONLY** for the following reasons:

- Incorrect Placement (Ex. Already taken and passed course or duplicate credit)
- Fulfillment of Graduation and/or TOPS requirements

COURSE to DROP:

Course/period	Reason	Teacher Signature/Comments
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APPROVED: _____ DENIED: _____ Department Chair Signature: _____

COURSE to ADD:

Course/period	Reason	Teacher Signature/Comments
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APPROVED: _____ DENIED: _____ Department Chair Signature: _____

Parent/Guardian Approval:

My son has my permission to make the change listed above.

I request that Saint Paul's make the change indicated and agree to pay the \$25 fee which is attached.

Parent/Guardian Signature: _____ Date: _____

Administrative Response:

APPROVED: _____ DENIED: _____ Counselor Signature: _____

APPROVED: _____ DENIED: _____ Asst. Principal/Principal Signature: _____

(COMMENTS MAY BE MADE ON THE BACK OF THE PAGE)