

HOLSTON HIGH SCHOOL
Schedule Change Request Form
School Year 2014-15

*** Only **ONE** schedule change form will be processed **Per YEAR**. Per WCS Policy IHD-R***

Student Name: _____ Date: _____ Grade: _____

Class Drop: _____ Class Add: _____

Class Drop: _____ Class Add: _____

Class Drop: _____ Class Add: _____

Reason for change(s):

*Request that do not include an explanation will not be considered.

Valid Reasons for a schedule change:

- *Lacking school identified prerequisite
- *Prior credit received in this course
- *Failed course
- *Graduation Requirement Needed
- *Seniors pursuing concurrent enrollment or work release
- *Level change (standard, honors, AP)

These may be sent via email, fax, US Postal Service, or personal Delivery by August 1, 2014.

Student Signature: _____

Parent Signature: _____

Please note: This is only an application; you must attend all assigned courses until after this form has been completed and reviewed. You will be notified whether your request is approved or denied. Failure to fill the form out correctly or turn it in on time will mean that your request will not be considered.