

## Herndon High School Schedule Change Request Form

*Herndon counselors spend considerable time assisting students with their selection of appropriate courses. Since all decisions regarding staffing, instructional supplies, etc. are made based on those selections, change requests will be accommodated only under limited circumstances. **With this in mind, students' schedules cannot be changed unless the schedule change committee approves the request. The schedule change committee will review your request following the completion of the first quarter grading period.***

### STEP 1: To be completed by the STUDENT

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Requested course to drop: \_\_\_\_\_ Requested course to add: \_\_\_\_\_

Please use the back of this form to share your reasons for requesting this change.

Obtain teacher signature and date for three required help sessions:

Session 1: \_\_\_\_\_ Session 2: \_\_\_\_\_ Session 3: \_\_\_\_\_

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### STEP 2: To be completed by the PARENT

Date of contact with teacher to discuss student's performance and placement. (e-mail, phone, etc.) \_\_\_\_\_

After conversations with my student and his/her teacher, I support this request. \_\_\_\_\_

**Parent Signature**

Please use the back of this form to share any information you would like the committee to consider.

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### STEP 3: To be completed by the TEACHER

Grade to date: \_\_\_\_\_ Number of absences: excused \_\_\_\_\_ unexcused \_\_\_\_\_ tardies \_\_\_\_\_

Has the student completed all of his or her assignments? \_\_\_\_\_

Please use the back of this form to share any information that you would like the committee to consider.

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### STEP 4: COUNSELOR information

Please use the back of this form to share any information that you would like the committee to consider.

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**Student must return completed form to his/her counselor. Completion of this form does not guarantee that the requested change will be made. Rather, it will initiate the formal process for consideration.**

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### STEP 5: (To be completed by SUBJECT ADMINISTRATOR)

Administrative decision: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
\_\_\_\_\_ **Subject Administrator Signature** \_\_\_\_\_ **Date**

Comments: \_\_\_\_\_

Conference Requested (to be determined by administrator and teacher): Yes \_\_\_\_\_ No \_\_\_\_\_

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### STEP 6: \*\*Change will not be made until STEP 6 is complete.

Books and supplies (calculator, etc.) returned: \_\_\_\_\_  
\_\_\_\_\_ **Teacher Signature**

\_\_\_\_\_ Counselor contacted teacher of NEW class.

Student  
Comments:

Parent  
Comments:

Teacher  
Comments:

Counselor  
Comments: