## 2019-2020 Centennial High School Fall Semester Schedule Change Request Form

**PLEASE READ CAREFULLY**: In the spring of 2019, each student was given the opportunity to work with their parents and a school counselor to complete course requests for the 2019-2020 school year. Parents and students had the opportunity to access the course requests through Xello. At that time, students were able to change courses. It is important to know that our master schedule is based upon the students' requests made last spring. In order to be fiscally responsible, decisions regarding staffing, the number of class sections within each subject area, and purchasing of instructional supplies were based on these projections. Once classes are scheduled, it is difficult to make a schedule change because many classes will be at or near capacity.

Please complete this form, in its entirety (Steps 1-3), if you would like to <u>request a change</u> to your schedule. Incomplete forms will not be considered. NOTE - Submitting a schedule change request form does <u>not</u> ensure that the request will be approved; only that it is eligible for consideration.

The deadline to request a change to your schedule is 4:15 p.m., Tuesday, August 27. The deadline to drop a PAP/AP course is Friday, September 13.

STEP I: T	o be completed by the STUDENT	-	
Name: _		Grade:	Date of Request:
Student	ID:		Counselor Name:
I request	t to drop the following class:		I request to add the following class (NOT guaranteed):
			correction/change. Place a large "X" in the applicable bo
		th or sponsor's  pping a Pre-AP or avail	signature is required on this form to be considered.  or AP level course.
	athletic or activity class, the coac  1. Level Change – Adding or Drop  (Zeros during the course and atte  of the change request considerate	th or sponsor's oping a Pre-AP oping	signature is required on this form to be considered.  or AP level course.
	athletic or activity class, the coac  1. Level Change – Adding or Drop (Zeros during the course and atte of the change request considerat (Step  2. I have been selected to particip participate in a sport or school sp	ch or sponsor's oping a Pre-AP of chance to availations)  p II & III Signatur  pate in a sport ponsored activitions	signature is required on this form to be considered.  or AP level course.  able tutorials are a major part  ares and Appeal REQUIRED)  or school sponsored activity or no longer wish to ty that has an elective class.
	athletic or activity class, the coac  1. Level Change – Adding or Drop (Zeros during the course and atte of the change request considerate (Step  2. I have been selected to particip participate in a sport or school sp	ch or sponsor's oping a Pre-AP of endance to availations)  p II & III Signature pate in a sport ponsored activities	signature is required on this form to be considered.  or AP level course.  able tutorials are a major part  ares and Appeal REQUIRED)  or school sponsored activity or no longer wish to ty that has an elective class.

## APPROVED SCHEDULE CHANGES ARE NOT IN EFFECT UNTIL THE STUDENT RECEIVES A REVISED SCHEDULE FROM THE COUNSELING OFFICE.

STEP II: To be completed by the PARENT (Parent signature IS required)			
Date of contact with teacher to discuss my student's performance and placement:			
This contact was made. Din narran Dhymhana Dhymhana			
● This contact was made: ☐ in person ☐ by phone ☐ by email			
<ul> <li>After conversations with my student and his/her teacher, I support this request.</li> </ul>			
Parent Signature			
Additional comments for consideration:			
STEP III: To be completed by the TEACHER of the class requesting to be dropped (Required)			
<ul><li>◆ Has the student received a zero on any assignment, quiz, or test during this semester?</li><li>☐ Yes</li></ul>			
Progress Report Average: Current Average:			
<ul> <li>◆ Has the student attended tutorials to receive extra help for your class:</li> <li>☐ Yes If YES, how many times?</li> </ul>			
After conversations with the student and his/her parent, I support this request			
Teacher Signature			
Additional comments for consideration:			
OFFICE USE ONLY:			
Request Counselor New schedule received: notified: provided to student:			
received: provided to student: (date) (date)			
Schedule Change Request APPROVED Will revisit appeal Notes:			
Schedule Change Request DENIED Does not meet criteria Does not fit into schedule  Class closed / above capacity			