COURSE CHANGE REQUEST

TODAY’S DATE: ____________________________  STUDENT GRADE: ______  STUDENT I.D. #: __________________

STUDENT LAST NAME: ___________________  FIRST NAME: ____________________________

YOU MAY ONLY SUBMIT THIS FORM ON ORIENTATION DAY, IF APPLICABLE

Please review the schedule change guidelines below.

Acceptable reasons for change:
1) Finished Summer Credit Recovery for a class I no longer need in my schedule
2) Incorrect class placement – wrong level or incorrect Learning Academy Program class
3) Placed with an incorrect teacher for the Learning Academy Program I am enrolled in at JFK
4) Unable to accommodate the requirements for a particular class (ex: cannot provide my own guitar for beginning guitar class)

Unacceptable reasons for change:
1) I want a different teacher
2) I want a different class because I changed my mind
3) I want a particular class during a particular time of day (ex: I want PE first period because it’s cooler in the morning)

Counselors will be available to discuss schedule changes during Orientation.
Counselor-to-Student Caseloads for the 2015/2016 school year are STILL to be arranged. Please check our website starting August 24th, to see the caseloads.

REASON FOR CHANGE REQUEST(S): (Please refer to the reasons listed above)

__________________________________________________________________________________________

__________________________________________________________________________________________

ELECTIVE OR P.E. CLASSES TO DROP:

DROP: _____________________________________

DROP: _____________________________________

DROP: _____________________________________

CORE CLASSES TO DROP:
(English, Math, Science or Social Science)

DROP: _____________________________________

DROP: _____________________________________

DROP: _____________________________________

ELECTIVE OR P.E. CLASSES TO ADD:

ADD: _____________________________________

ADD: _____________________________________

ADD: _____________________________________

CORE CLASSES TO ADD:
(English, Math, Science or Social Science)

ADD: _____________________________________

ADD: _____________________________________

ADD: _____________________________________

PARENT/GUARDIAN APPROVAL

PLEASE PRINT CLEARLY

NAME ____________________________  SIGNATURE ____________________________  DATE __________

PHONE ____________________________  EMAIL ________________________________

STUDENT APPROVAL

PLEASE PRINT CLEARLY

NAME ____________________________  SIGNATURE ____________________________  DATE __________

HIGH SCHOOL COUNSELOR APPROVAL

PLEASE PRINT CLEARLY

NAME ____________________________  SIGNATURE ____________________________  DATE __________