



SUMMER ORIENTATION 2018/2019 SCHEDULE CHANGE REQUEST

STUDENT LAST NAME: _____ FIRST NAME: _____

TODAY'S DATE: _____ INCOMING GRADE: _____ STUDENT I.D. #: _____

**YOU MAY ONLY SUBMIT THIS FORM ON OR AFTER ORIENTATION DAY, WITHIN THESE DATES ONLY:
AUGUST 21st – 29th**

THE COUNSELING OFFICE WILL NO LONGER ACCEPT SCHEDULE CHANGE FORMS AFTER AUGUST 31st, 2018

Schedule change guidelines:

At **Summer Orientation** student schedules will be printed out for students. After reviewing the schedule with parent(s)/guardian(s), students may submit this form to the counseling office for reasons below:

ACCEPTABLE REASONS FOR SCHEDULE CHANGES

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|---|---|
| a) There is a missing period in my schedule (Blank spot) | f) Summer school /Credit Recovery Course Completed (Repeat issue) |
| b) Failed w/ same teacher last year (Need teacher change) | g) Incorrect Class Level (Ex: in level 2, but need to be in 1) |
| c) Learning Academy Class Correction(s) Needed | h) Prerequisites have not been met (Class change needed) |
| d) Graduation Required class is needed (Ex: Art or PE, etc) | i) Medical Issue for PE (Doctor's Note is REQUIRED) |
| e) Already took a class that is in my schedule (Repeat issue) | |

UNACCEPTABLE REASONS FOR SCHEDULE CHANGES

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|---|--|
| a) I want to change teacher(s) "because reasons" | c) I don't think I will like the topic of my class |
| b) I want a different elective class (I've changed my mind) | d) I want to change order of my classes by period |

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

<p>CLASSES TO DROP:</p> <p>DROP: _____</p> <p>DROP: _____</p> <p>DROP: _____</p> <p>DROP: _____</p>	<p>CLASSES TO ADD:</p> <p>ADD: _____</p> <p>ADD: _____</p> <p>ADD: _____</p> <p>ADD: _____</p>
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PARENT/GUARDIAN APPROVAL [PLEASE PRINT CLEARLY] **REQUIRED FOR ALL CHANGES**

NAME _____ SIGNATURE _____ DATE _____

PHONE _____ EMAIL _____

STUDENT APPROVAL [PLEASE PRINT CLEARLY] **REQUIRED FOR ALL CHANGES**

NAME _____ SIGNATURE _____ DATE _____

TEACHER APPROVAL [PLEASE PRINT CLEARLY] **ONLY REQUIRED FROM CURRENT TEACHER IF YOU ARE MOVING UP IN A CLASS LEVEL**

NAME _____ SIGNATURE _____ DATE _____

Counselor-to-Student Caseloads are assigned by student last names. Please review the counselor assignments displayed on the JFK website www.jfk.scusd.edu under the "About" tab, then "Counseling & Career Center". To ask questions of your counselor, you can make an appointment through the JFK website, or email/call them directly.

FOR OFFICE USE ONLY

APPROVED NOT APPROVED Counselor Initials: _____