



SUMMER ORIENTATION 2017/2018 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 23rd – 30TH**

THE COUNSELING OFFICE WILL NO LONGER ACCEPT SCHEDULE CHANGE FORMS AFTER AUGUST 30TH, 2017

Schedule change guidelines:

At Summer Orientation student schedules will be available to view through our student information system or may be provided by printout. After reviewing the schedule with parent(s)/guardian(s), students may submit the "Summer Orientation Course Change Request Form" to the counseling office for reasons below:

ACCEPTABLE REASONS FOR SCHEDULE CHANGES

- a) There is a missing period in my schedule (Blank spot)
- b) Failed w/ same teacher last year (Need teacher change)
- c) Learning Academy Class Correction(s) Needed
- d) Graduation Required class is needed (Ex: Art or PE, etc)
- e) Already took a class that is in my schedule (Repeat issue)
- f) Credit Recovery Course Completed (Repeat issue)
- g) Incorrect Class Level (Ex: in level 2, but need to be in 1)
- h) Prerequisites have not been met (Class change needed)
- i) Medical Issue for PE (Doctor's Note is REQUIRED)
- j) Unscheduled Period(s) Needed (12th grade ONLY)

UNACCEPTABLE REASONS FOR SCHEDULE CHANGES

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

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

CLASSES TO DROP:

DROP: _____

DROP: _____

DROP: _____

DROP: _____

CLASSES TO ADD:

ADD: _____

ADD: _____

ADD: _____

ADD: _____

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 "Departments" 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: _____