

Jackson High School Schedule Change Request Form

Name _____ Date _____ Grade _____

Counselor _____ Phone Number _____

Please follow the directions below. Failure to do so will result in having this form returned to you.

Please note that changes may not be completed prior to school opening. Top priority will be given to students with schedules containing the issues listed below. Changes in electives may not be granted due to class size, balance, and original requests being met. Please know that some students have been scheduled into their first or second alternate choice.

1. You have **failed** a class.
2. You have taken this class in the summer
3. You are a **senior** who needs a course to meet graduation requirements.
4. You have **not met the prerequisite** for a scheduled class.
5. There is a **current health** issue that requires a change in schedule.
6. Inappropriate academic placement.
7. **If the placement was an error on the school's part such as something you actually had not requested.**

| CURRENT CLASS | REQUESTED CLASS |
|---------------|-----------------|
| 1 | |
| 2 | |
| 3 | |

REASON FOR REQUESTING THIS CHANGE:

FORM IS NOT VALID WITHOUT PARENT SIGNATURE

Parent's signature _____

| | |
|-----------------|--------------|
| Office Use Only | |
| Approved _____ | Denied _____ |
| Comments: | |