Leesville Road High School Schedule Change Request Form

Please allow two schools day for a response.

Changes are not reviewed until the end of the school day.

Student Name:	PowerSchool ID:		
Course(s) to DROP:	Course(s) to ADD:		
Please indicate/check the reason	n for your request:		
☐ Increase rigor			
□ Scheduled for a course previously passed (COURSE PASSED:) □ Scheduled for same course twice □ Previously failed with teacher for same course(Teacher Failed:) □ Sequencing issue (e.g. Level 2 before Level 1) □ Course needed for graduation/promotion			
		\square Incomplete schedule/hole i	n schedule
		☐ Other (will require administ	trative approval):
		Important Notes: • This form must be submitted.	ed to the LRHS Student Services Office.
		 No emails/scans or faxes w 	vill be accepted.
- -	via telephone or email will not be accepted.		
•	ed for one course, it is very likely that other courses ester, etc.) will be impacted. Submission of this form		
indicates that you understa	· · · · · · ·		
₹	l about a course is not grounds for a schedule adjustment		
Our course offerings and m	naster schedule were designed based on your requests		
during the registration peri	iod.		
Student Signature:	Date:		
Student Email:			
Parent/Guardian Signature:	Date:		
Parent Email:			

After the start of the school year, students will be notified of approval or denial of any changes through documentation given to their first period teacher.