## Leesville Road High School Schedule Change Request Form 2019-2020

Student Name:	PowerSchool ID:
Course(s) to DROP:	Course(s) to ADD:
Please indicate/check the reason	n for your request:
<ul><li>☐ Increase rigor</li><li>☐ Scheduled for a course pre</li></ul>	eviously passed (COURSE PASSED:)
$\square$ Scheduled for same course $\square$ Previously failed with teac $\square$ Sequencing issue (e.g. Lev	her for same course(Teacher Failed:)
☐ Course needed for graduat ☐ Incomplete schedule/hole	ion/promotion
☐ Other (will require adminis	trative approval):
Important Notes:	
<ul> <li>No emails/scans or faxes v</li> <li>Schedule change requests</li> <li>When a schedule is adjusted (sequencing, teacher, semindicates that you understated)</li> <li>Simply changing your mind schedule adjustment. Our</li> </ul>	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
Student Signature:	Date:
Student Email:	
Parent/Guardian Signature:	Date:
Parent Email:	

<sup>\*\*</sup>For the remainder of the summer/until school begins on August 26th, notification of approval/denial will occur via email.