

**SCHEDULE CHANGE(S) FORM**

Do NOT follow your NEW Schedule until you have a new printed schedule from the office.

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Period: \_\_\_\_\_ Drop \_\_\_\_\_ Add \_\_\_\_\_  
Teacher Signature \_\_\_\_\_ Teacher Signature \_\_\_\_\_  
Reason: \_\_\_\_\_

Period: \_\_\_\_\_ Drop \_\_\_\_\_ Add \_\_\_\_\_  
Teacher Signature \_\_\_\_\_ Teacher Signature \_\_\_\_\_  
Reason \_\_\_\_\_

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Teacher Signature \_\_\_\_\_ Teacher Signature \_\_\_\_\_  
Reason \_\_\_\_\_

Period: \_\_\_\_\_ Drop \_\_\_\_\_ Add \_\_\_\_\_  
Teacher Signature \_\_\_\_\_ Teacher Signature \_\_\_\_\_  
Reason \_\_\_\_\_

Signatures: Student \_\_\_\_\_ Parent \_\_\_\_\_ Mr. Campbell \_\_\_\_\_

NO SCHEDULE CHANGES WILL BE MADE TO ACCOMMODATE A STUDENT BEING WITH THEIR FRIENDS. CLASSES HAVE BEEN BALANCED WITH THE CORRECT NUMBER OF STUDENTS. All changes are subject to the approval of the high school office.

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