

SCHEDULE CHANGE REQUEST

Student's Name _____ Grade ____ E-Mail _____

Phone Number _____ Parent's E-Mail _____

I request the following changes be made to my son/daughter's KHS schedule:

Parent/Guardian Signature		Date
<u>DROP</u>	<u>COURSE TITLE</u>	<u>PERIOD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<u>ADD</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schedule changes are subject to course availability and fit. Course changes may effect graduation requirements and must be made prior to the course start of the first 3 days of the school year.