

Oquirrh Hills Middle School
Schedule Change Request Form

Student Name: _____ Grade: 7th 8th 9th Date: _____

*Students may not request a change in their schedule for Lunch or PE reasons (unless accompanied by a legitimate Doctor's note for a valid medical reason.)

Reason for Schedule Change Request:

- ____ 1. Level Change (requesting honors or lower level class)
- ____ 2. Teacher Change Request
- ____ 3. Elective
- ____ 4. Other: _____

Students write which class(s) you are requesting to change and explain the reason for your request:

Teachers write any comments you have regarding this change:

Do you understand that the change may/will cause your entire schedule to be rearranged?
 Yes No

Do you understand that enrollment size and/or class conflicts may prohibit a change?
 Yes No

ALL CLASS CHANGE REQUEST MUST:

- 1. Have parent knowledge (signature below)
- 2. Comply with the stipulations listed above
- 3. Have ALL appropriate signatures below

**In case of a Teacher Change Request the following steps must be completed in full:

- 1. Student has met with their teacher during non-instructional time.
Teacher Signature: _____ **Meeting Date:** _____
- 2. Parent and student have corresponded with the teacher by email, phone or in person.
Teacher Signature: _____ **Meeting Date:** _____
Parent Signature: _____
- 3. Student, Parent and Counselor have met.
Teacher Signature: _____ **Meeting Date:** _____
Parent Signature: _____

You must have all of the necessary signatures and dates before a change will be considered.

Office Use Only

Action Taken:

- ____ Student to remain in class
- ____ A class change will be made

Counselor Signature: _____ Date: _____