

JOHN A. FERGUSON SENIOR HIGH SCHOOL

REQUEST FOR CHANGE OF SCHEDULE

NAME (PLEASE PRINT)	ID NUMBER	Grade	ACADEMY (10 TH , 11 TH & 12 TH)
DROP: _____		ADD: _____	
_____		_____	

PLEASE COMPLETE ONE FORM ONLY: Counselors will process requests as quickly as possible. Only the following changes will be considered. Check the category which applies to your request.

- 1. Student passed a course in summer school and needs another course.
- 2. Student has requested and has been APPROVED to enter a special program.
- 3. Student needs a specific course to meet a graduation requirement (seniors only).
- 4. Student did not receive course or alternate course(s) listed on Subject Selection Card.
- 5. Other: _____

I acknowledge that if the requested change is granted, my teachers, class periods and/or lunch hours MAY change. ONCE CHANGE HAS BEEN MADE, IT WILL NOT BE RESERVED OR ADJUSTED AGAIN. Change will not be processed without student's signature.

_____ Student's Signature	_____ Date

_____ Student's Name	_____ 1 ST PERIOD TEACHER
	_____ 2 ND PERIOD TEACHER

Your change was not approved for the following reason:

- You received classes requested either as a 1st choice or alternate.
 - Class requested was closed or canceled.
 - Other: _____
- _____

_____ Counselor	_____ Date
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