

Pen Argyl Area High School
2017-2018 Summer Schedule Change Course Request Form

Student Name: _____ Counselor: _____ Date: _____

Grade: _____ Email: _____ Phone #: _____

Course(s) Requested to DROP

Course#	Section#	Course Description	Period	Teacher

Course(s) Requested to ADD

Course Description	Teacher

If you are requesting a schedule change, please complete this form. Completed forms must be submitted to the High School guidance office by **Monday, August 21st at 2:00PM**. Requests will be processed in the order they are submitted, if the change can be facilitated, the new schedule will be available in Skyward. New schedules will also be available in homeroom on the first day of school Monday, August 28th.

Schedule changes are subject to Administrative approval and must be received by **Monday, August 21st at 2:00PM**.

Please note that we will be unable to accommodate the following schedule change requests: dropping of grade level required courses; Keystone Remediation classes; adding of courses where the prerequisite course has not been met; academic courses dropped/changed for study hall, lunch period or teacher preferences, senior/junior early dismissal waiver, or to accommodate after-school, extra-curricular activities; and/or any change that cannot be facilitated without jeopardizing the stability of the course and the master schedule. Please be aware that any schedule change may alter your entire schedule.

Important: No schedule changes will be made after the first 8 days (year long courses) or 5 days (semester courses) with the exception of mitigating circumstance outside of the student's control. In such situations a decision to change the schedule will be made in collaboration by administration, guidance department, teacher of the class to be dropped and teacher of the class to be added.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only

Received by: _____ Date: _____