

HCHS CHANGE REQUEST FORM

STUDENT NAME (PRINT PLEASE) _____

ID# _____

GRADE _____

Please complete this form if you have a change request that fits within the HCHS schedule change policy. A great deal of time is invested in the registration and scheduling process. Teacher allotments are dictated by the courses that students sign up for in the spring. For these reasons, no changes will be allowed unless they are deemed necessary by the school. WE DO NOT MAKE TEACHER CHANGES.

Necessary changes fall into the following categories:

(Please check those that apply to your request and provide an explanation.)

_____ 1. I have no schedule.

_____ 2. I have an incomplete schedule. Explain:

_____ 3. I don't have a course that I need for graduation. Explain:

_____ 4. I don't have the prerequisite for a course on my schedule. Explain:

_____ 5. I have already passed and received credit for a course on my schedule. Explain:

_____ 6. I FAILED this class or another class before with the same teacher
Explain:

For the reason checked above, I am requesting the following schedule change:

DROP: _____ **ADD:** _____

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

DATE _____

HOME PHONE/CELL PHONE _____

PARENT EMAIL ADDRESS _____

NOTE: YOU MUST FOLLOW YOUR PRESENT SCHEDULE UNTIL YOU RECEIVE A NEW SCHEDULE.

You may mail in this form to:
Guidance at Haines City High School
2800 Hornet Drive, Haines City
Florida 33844.

_____ APPROVED _____ DENIED _____

COUNSELOR SIGNATURE _____

DATE _____

_____ NOTIFICATION SENT TO SENDING TEACHER _____

TEACHER NAME _____

_____ NOTIFICATION SENT TO RECEIVING TEACHER _____

TEACHER NAME _____

NOTES:

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DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____

DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____

DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____

DROP / ADD (circle one)

STUDENT NAME _____

TEACHER NAME _____

REASON _____

DATE _____ COUNSELOR _____