

**Bedford County Public Schools**  
**Staunton River High School Schedule Change Request Form**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Diploma Type \_\_\_\_\_

Is this change necessary for graduation? \_\_\_\_\_ Will this change your diploma? \_\_\_\_\_

Was this class requested during the spring registration process? \_\_\_\_\_

Schedule changes for all other reasons are at the discretion of the principal and will be granted on an individual need basis.

Master Schedules have been prepared based on graduation requirements and student requests. Due to enrollment numbers, some courses may be dropped from the master schedule. School counselors and administrators try to accommodate student needs if class schedules conflict or classes are omitted from a student's schedule. In accordance with School Board Policy IK-R, **students withdrawing from a course after the first 6 weeks of the school year will receive either a "Withdrawn Passing (WP)" or a "Withdrawn Failing (WF)" on their transcript as the grade for each course dropped.**

Please state the reason for your request. Include why this will make you successful:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to DROP: \_\_\_\_\_  
class Period Teacher Name Teacher's Initials Current class grade

Teacher comments: \_\_\_\_\_

I would like to BE PLACED IN : \_\_\_\_\_ or \_\_\_\_\_  
class Period Teacher Name Teacher's Initials

I would like to DROP: \_\_\_\_\_  
class Period Teacher Name Teacher's Initials Current class grade

Teacher comments: \_\_\_\_\_

I would like to BE PLACED IN : \_\_\_\_\_ or \_\_\_\_\_  
class Period Teacher Name Teacher's Initials

I would like to DROP: \_\_\_\_\_  
class Period Teacher Name Teacher's Initials Current class grade

Teacher comments: \_\_\_\_\_

I would like to BE PLACED IN : \_\_\_\_\_ or \_\_\_\_\_  
class Period Teacher Name Teacher's Initials

Student's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Counselor Comments: \_\_\_\_\_  
\_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Principal Approval: ( ) Approved ( ) Not Approved

Principal Comments: \_\_\_\_\_  
\_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date \_\_\_\_\_