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

Name: _____ **Grade:** _____ **Date:** _____ **Diploma Type** _____

Is this change needed 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Policy IK-R, **students withdrawing from a course after the first 6 weeks of the school year will receive either a "Withdrawn Passing (WP)" or a "Withdrawn Failing (WF)" on their transcript as the grade for each course dropped.**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 _____