

DELAND HIGH SCHOOL
SCHEDULE CHANGE REQUEST FORM

Date of Request: _____

Printed Name: _____ ALPHA: _____ Grade: _____

Complete the schedule change request form, have it signed by parent or guardian, and bring it with you the next day to Student Services. *There must be a parent and student signature in order to be seen by a counselor.*

Failure to complete all needed information on this form will delay processing your request.

Please Circle Your Counselor's Name:

Class of 2019 Mrs. Green—12th

Class of 2020 Mr. Kulik—11th

Class of 2021 Mr. Michael's 10th

Class of 2022 Ms. White 9th

IB Grades 9-12 Mrs. Carter

DeLand High School Administration only allows Counselors to make changes when a student:

- | | |
|---|---|
| <input type="checkbox"/> has not met the prerequisites. | <input type="checkbox"/> wants a more rigorous course level
(i.e. reg. to honors or honors to AP) |
| <input type="checkbox"/> has already taken and passed the course. | <input type="checkbox"/> has passed FSA and would like to be
taken out of Intensive Reading.
(Students who have not passed FSA
may not drop this class. It is the Law! |
| <input type="checkbox"/> needs this course for graduation. | |

Changes will only be done in cases of academic necessity and if the course requested is available during the same period of the course being dropped.

Course(s) to Drop

Course(s) to Add

1. _____

1. _____

2. _____

2. _____

Parent Signature: _____

Student Signature: _____

Counselor Action:

Date: _____

_____ Schedule change **approved**. Please follow the attached schedule immediately

_____ Schedule change **denied**. If you need further explanation, please set up an appointment to talk to your counselor.

Counselor Signature: _____