

OASIS HIGH SCHOOL
REQUEST FOR SCHEDULE REVIEW/CHANGE

When you have completed this form, *and your parents have signed this form*, please return it to the *front office*. This form must be complete and signed by the parent to be considered. A completed schedule change request form does not guarantee a change. Only necessary schedule changes will be considered. Please be aware that wanting to be with friends, changing the order of your classes for personal preference, lunch schedule, or teacher preference is not a reason for a schedule change request.

ID#	LAST NAME	FIRST NAME	GRADE
E-mail address			

Review your schedule and complete this form for one or more of the following reasons:

1. There is a blank period on your schedule.
2. You are missing a required course.
3. You are repeating a course that you have already passed.
4. You have not taken or have not passed a pre-requisite course.

Write a brief description of your situation and the reason that you are requesting the change if needed.

Course to be dropped: _____ / _____ / _____
Course Period Teacher

Course to be added: _____

Reason: Circle one (from list above): 1 2 3 4

Other (explain if needed): _____

Alternate choices in case the course you want is not available.

1. _____ 2. _____

Write a brief description of your situation and the reason that you are requesting the change if needed.

Course to be dropped: _____ / _____ / _____
Course Period Teacher

Course to be added: _____

Reason: Circle one (from list above): 1 2 3 4

Other (explain if needed): _____

Alternate choices in case the course you want is not available.

1. _____ 2. _____

Student Signature _____ **Parent Signature** _____

PLEASE DO NOT WRITE BELOW THIS LINE

Request denied _____

Request approved _____

An appointment has been scheduled with Ms. Show, Room 126 at (time/date) _____

An appointment has been scheduled with _____, Room 124 at (time/date) _____

Please report to guidance at the assigned time to discuss your request. Do not report unless called.