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				FIRS	GRADE	
E-mail address							
Review your schedule an	d complete thi	s form fo	or one or	more of	the follo	wing reasons:	
 There is a blank p You are missing a You are repeating You have not take 	a required cours g a course that y	se. ou have a			e.		
Write a brief description	of your situati	ion and tl	he reasoi	n that yo	u are rec	questing the char	nge if needed.
Reason: Circle one (from l	ist above):	1	2	3	4		
Course to be dropped:	Course				/ Period	Teacher	
Course to be added:							
Other (explain if needed):							
<u> </u>							
Alternate choices in case the state of the s							
Write a brief description		ion and tl	he reasoi 2	n that yo 3		questing the cha	nge if needed.
Reason: Circle one (from l	,	_	_		4		
Course to be dropped:	Course			/	Doriod /	Teacher	
Course to be added:							
Other (explain if needed):							
Alternate choices in case the state of the s	•			e.			
Student Signature				Par	ent Signa	ture	
PLEASE DO NOT WRI					8		
***************				*****	*****	******	*********
Request denied:		Reques	st approve	ed:			Date:
An appointment has been							

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