

OHS Schedule Change Petition 2017-18

Student's Last Name _____ First Name _____ Grade _____

Schedule change requests will be evaluated by their impact on the following:

- | | |
|--|---|
| <input type="checkbox"/> Progress toward graduation | <input type="checkbox"/> Space availability |
| <input type="checkbox"/> Level of disruption to the student's schedule | <input type="checkbox"/> Ability to convey educational value to the student |
| <input type="checkbox"/> Possibility of negative classroom effects | <input type="checkbox"/> General need |

Deadline for Schedule Changes:

- **1st Semester - August 25th, 2017 @ the end of the day**
- **2nd Semester - January 19th, 2018 @ the end of the day**

Instructions:

1. **Please complete *the table below* with a description of your request. (i.e. Why do you want this schedule change?)**
2. Once the form is complete, please send to Mr. Sandberg for approval. If your schedule change is approved it will move on to your counselor and they will call you in once the change is complete. Until this happens, please attend your scheduled classes.
3. **Unfinished petitions will be returned to the student for completion.** Please note: schedule changes will be extremely limited this year. Remember, you may or may not have input into all of the changes this creates for your schedule. For example, if you ask to drop Band and add Biomedical that may mean a change in the period in which you have English.

Class to be DROPPED	Class to be ADDED	I have met all the PRE-REQUISITES of this course
		Yes / No
		Yes / No

Reason for the change:

Parent/Guardian Signature: _____

Official Use Only Final Administrator Approval: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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