

# Azalea Middle School

## Schedule Change Request Form

Name (Please print) \_\_\_\_\_ Student Number \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_

Write the name of the class where there is a concern in the schedule form below.

	Pd.	Class Name	Teacher Name
	1		
	2		
	3		
	4		
	5		
	6		
	7		

**Schedule Concern (Please check one of the boxes below)**

<input type="checkbox"/> Academic misplacement – Student is repeating a class already passed.	<input type="checkbox"/> Student wants a different elective ( <i>subject to availability</i> ).
<input type="checkbox"/> Missing an academic class- Student is missing a core class such as English Language Arts, Social Studies, Math, or Science.	<input type="checkbox"/> Student is missing services (ESE, ELL or Gifted) as determined by school official records.
<input type="checkbox"/> Incorrect grade level noted on the schedule	<input type="checkbox"/> Other (please state below).

**Explain Schedule Concern. Be Specific.**

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Request Approved: _____	Request Not Approved: _____
Administrator or School Counselor Signature: _____	
Date: _____	