

Enter Your Official School Name: _____

**PINELLAS COUNTY SCHOOLS
Middle School Education
Schedule Change Request Form**

Student First & Last Name (Please Print) _____ Student Number _____

Grade _____ Date _____

In the schedule table below, please write the name of the period/class for which you are requesting a change.

Period	Class Name	Teacher Name
1		
2		
3		
4		
5		
6		
7		
8		

Reason for Schedule Change Request (Please check one of the boxes below)

<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).
<input type="checkbox"/> Student wants a different elective (<i>subject to availability</i>).	

Explain Reason for Schedule Change Request. Be Specific.

Student Signature _____ Parent Signature _____

Phone Number: _____ Email Address: _____

FOR OFFICE USE ONLY	
Request Approved: _____	
Request Not Approved: _____	If not approved, why? _____
Administrator or School Counselor Signature: _____	Date: _____

**PARENTS SUBMIT THIS FORM TO THE ASSISTANT PRINCIPAL OF CURRICULUM
AT YOUR CURRENT MIDDLE SCHOOL OF ENROLLMENT.**