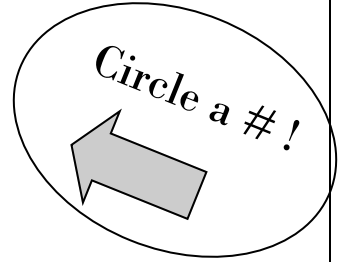


# Del Campo Schedule Change Request ~ Spring 2014-15

_____	_____	_____	_____
<i>Name</i>	<i>ID#</i>	<i>Grade</i>	<i>Counselor</i>

**Priority Policy for schedule changes: (Circle all that apply to your request!)**

1. Academic class is missing or a student is incorrectly placed.
2. Dropping a class to be a TA or have an open period (Signature required)
3. Class assigned was not requested. Class \_\_\_\_\_
4. Did not receive a class that was requested. Class: \_\_\_\_\_
5. Other: \_\_\_\_\_



**PLEASE NOTE!**

- Some moves may be blocked by other classes that can not be moved. Please be specific with your request and we will do our best to accommodate it if it meets the priority policy and space is available.
- If you are requesting to have an open period, community service, or drop an academic class, a parent signature is required.
- If you are requesting a TA class, note teacher and contact teacher for approval (they can email counseling).

Please describe your requested change(s). Please include alternative class choices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle one: *Only make the change if it does not affect the rest of my schedule* /

*It is ok to change my entire schedule if necessary.*

\_\_\_\_\_

*Student's email*

\_\_\_\_\_

*Student's phone #*

I approve of this request: \_\_\_\_\_  
Parent Signature

**Turn in this form by 12/12/14 to the Counseling Office**  
**New schedules will be picked up the first day of Block 2**