

Mountain Island Charter School
Schedule Change Request Form 2017-2018
Mrs. Honoré, grades 10-12. Mrs. Kennedy, grades 6-9

Student Name: _____

Grade: _____ **Date:** _____

Please complete this form and return it to the C Building office by Friday, September 1st to request a schedule change. Changes requested per email or voicemail will not be processed. Requested period changes will not be processed unless the student's schedule is academically unbalanced each semester. Updated schedules will be provided to students. Class(es) you wish to drop and reason why:

Class(es) you wish to add(the more options you provide the better):

Are you willing to have other classes move to different periods in order to make this change work? Yes _____ No _____

Student Signature: _____

Parent Signature: _____

Parent Phone: _____

Parent Email: _____

Guidance Use Only: Reason if schedule could not be changed:

UNTIL YOU HEAR FROM YOUR COUNSELOR PLEASE FOLLOW YOUR ORIGINAL SCHEDULE