

Vista Heights Middle School Schedule Change Request Form

\$5.00 FEE

(Payable upon receipt of request)

Please be aware that changes can't be guaranteed. The counselors will check current class loads and inform you if your request can be granted. If the class changes cannot be made you will receive a refund. You may not begin attending the desired new class until you have been notified by a counselor and given a new schedule. School fees must be paid or payment arrangements made before schedule changes can be made.

Date _____ Student# _____ Phone _____

Student Name _____ Grade _____

No class changes will be made without the teacher's signature.

DROP

Class	Teacher Signature

ADD

Class	Teacher Signature

**Please be aware that a class change could rearrange
your entire schedule.**

Please state the reason for this request. Keep in mind that greatest weight will be given for significant educational reasons.

Reason _____

ADMISTRATOR'S SIGNATURE _____

PARENT SIGNATURE _____

PAID _____

COUNSELOR'S INITIALS _____

DATE _____