

**Frontier 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\_\_\_\_\_