



Class Concern
(After school begins)

Please fill out this form and return it to the Counseling Center. Our administration will then give the form to the teacher. The teacher will contact you within one day to resolve the concern. If the problem remains unresolved, please contact the counseling office. Thank you.

Date _____

Student Name _____ Grade _____

Teacher Name _____ Class Period _____

Narrative: (Please explain specifically your concern. Use the back of this page if necessary.)

Parent Signature _____

Phone # or email _____

(For Teacher Use) Date of Parent Contact _____

Approval of a change does not ensure a class change. Scheduling is contingent on the availability of seats and other scheduling factors.