

Orem Junior Class Change Request Form For elective classes only

Accepting Forms: Wednesday, December 14th – Wednesday, January 4th
Changes Starting: Counselor will be making the changes beginning December 15th

Instructions:

1. Fill out this form and have it signed by a parent/guardian.
2. Submit the form to the counseling office in person.
3. There is a \$5 fee for changes made.

Student Name: _____ Grade: _____ Student ID # _____

Parent Phone: _____ Parent Email: _____

Even if teacher approves, changes cannot be made if class is full.

Drop: Class to Change from	Add: Class to Change to	Teacher Signature of class requesting

Making a class change will likely rearrange most of your current schedule. What do I need to know about this request, including priorities and what I cannot change. For example, "Don't make this change if it requires me losing my A4 English class."

By signing below, I understand:

- Not all requests can be accommodated.
- I am authorizing changes to my student's schedule.
- Making a class change will likely rearrange the students schedule and cannot be reversed.
- An email will be sent to the email listed above and the student's school email when the request has been processed whether or not the request can be accommodated.
- Class changes are made for education purposes, not for social preferences.
- A \$5 class change fee will be added to my account.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY		
Date & Time Received:	Date Counselor Reviewed:	Notes:

