

Request for Course Change: **No changes will be made without parent/guardian signature.**

This form may be used only until September 14, 2012.

Print clearly, please.

Circle your counselor's name: all 7<sup>th</sup> and 8<sup>th</sup> graders should circle → Ms. Pickering

Ms. Conlon

Ms. Friedland/Ms. Acosta

Ms. Hannity

Dr. Purrone

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ First period teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

DROP	ADD

Please explain the reason(s) for the change request(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent email: \_\_\_\_\_ Student email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Your counselor will handle your request as soon as possible. You must follow your current schedule until the new schedule appears on the Parent Portal. We will add your name to the Wait List for any course that is currently closed. The deadline for adding a course to your schedule is September 14, 2012.