

South Harrison High School  
Schedule Change Request Form  
January 2009

**Personal Information:**

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

**Course(s) Requesting to Drop:**

\_\_\_\_\_

**Course(s) Requesting to Add:**

\_\_\_\_\_

In the space below, briefly describe why you are requesting this schedule change.

\_\_\_\_\_  
Student Signature

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

Please submit this form to the office by Thursday, January 15, 2009 for consideration.

\_\_\_\_ Approved      \_\_\_\_\_ Denied      \_\_\_\_\_ Administrator