



Jordan High School Schedule Change Request

Name: _____

Grade: _____

During registration, we encourage students to put a great deal of thought into the classes they request because staffing decisions are based on the registration numbers. It is for this reason we will limit schedule changes. **Changes are not guaranteed and will only be allowed for the reasons below.**

DROP

ADD

Please check the following reason:

- ☐ Increase rigor
- ☐ Inappropriately placed - Teacher signature: _____
- ☐ Already had class
- ☐ Not a complete schedule (i.e. missing class)
- ☐ Other, please explain: _____

Parent Signature: _____

E-mail Address: _____ Day Phone: _____

*Please make sure all necessary information is included. We will respond via e-mail when the request has been considered and a decision has been made.

E-mail or turn this form into Robin Whiteside at rwhiteside@isd717.org

***Office use only**

- ☐ Schedule change done - schedule attached
- ☐ Form not complete, re-submit when completed
- ☐ Class choice is full: resubmit with 2nd choice
- ☐ Need parent's signature
- ☐ Other: _____