



Schedule Change Request Form

RETURN FORM WITH PARENT SIGNATURE TO GUIDANCE COUNSELOR

Name: _____ Grade Level: _____

Date of Request: _____

Reasons for a schedule change:

1. Sequence of courses is out of order.
2. A course is missing or course selection error.
3. Failure of a course that must be repeated.
4. A summer school course has been passed.

Reason for Request

I request the following changes(s) in my schedule:

DROP:	ADD:
1. _____	1. _____
2. _____	2. _____

X _____

Parent Signature

Cell Phone

Email Address

Note: All requests will be considered and reviewed by Headmaster and counselor. Be aware that we may not be able to honor all requests due to scheduling conflicts and full classes. Students will only be allowed ONE schedule change per academic school year.

ADMINISTRATIVE ONLY:

REASON FOR DENIAL:

- Invalid Reason for schedule (Ex. Students wants to be in a particular class with friends)
- Scheduling conflict with offered courses
- More than ONE schedule change request in academic school year
- Request was not made within the first two weeks of school
- Required course for grade level
- Course(s) needed for credit hours or to graduate
- Unavailable seats in the class
- Other:

Signature: _____
Counselor or Headmaster Signature **Date Completed**

Hartfield Academy
1240 Luckney Road
Flowood, MS 39232
Phone: (601)-992-5333 Fax: (769) 524-4018