Kelly High School Schedule Change Request Form

2019-2020 School Year

Print Student Name:		Grade:
Schedule changes will only be Please mark the most appropria		reasons.
☐ Enrolled in a course you	schedule condition that prevents part have already completed and	received credit
Indicate	the course(s) you would like	to change:
Drop Course	Add Course	Alternate Course
Completion of this form is No change responses will be ema You may also check the port	iled to students and parents al for updates. Follow you en made. Turn in this form	and teachers to change ** equest will be granted. Schedule s, so be sure to check your email. r current schedule until you are to the KHS Office by 3:00 p.m. on
* Student Signature:		
* Parent Signature approving sche	edule change:	
* Parent Email and Phone Number	:	
	For Counselor Use Only: Denied:	Canceled:
Admin Signature:		Date:
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