## John F. Kennedy High School Schedule Change Request

Student Name		
Grade:	:	Date:
<u>GUID</u>	ELINES:	
1.	1. Schedule changes must be made within the first 5 days of the term. Students madrop a class for study hall or student assistant within the first 10 days of the term	
2.	Schedule Corrections will be considered for the following reasons: Check one: Inappropriate Academic Level (Teacher signature)	
	Failed prerequis	ite or did not take prerequisite
	Completed the co	ourse.
		P COURSE REQUEST TO ADD
Course Name		Course Name
		<del></del>
REQU	JIRED SIGNATURES	
Stude	ent:	
Paren	nt:	
Dayti	me telephone/student	cell phone number:
FOR (	OFFICE USE ONLY	
	Approved	Denied (Reason:)
Couns	elor Signature	