

**SCHEDULE CHANGE REQUEST FORM
WELCH MIDDLE SCHOOL
FALL SEMESTER 2020**

Student's Name _____
LAST FIRST MI

******* ATTENTION STUDENTS *******

READ THE FOLLOWING ITEMS CAREFULLY!

- The deadline for turning in a schedule change request form is **Friday September 25th**. No late request form will be accepted.
- Schedule changes are subject to class availability. Since some changes require the shifting of other classes, it may not be possible to grant the request due to conflicts and/or class size.
- Final approval for schedule changes will be granted by Ms. Forte'.
- Students will follow the schedule they have been given until notified by your counselor that a change has been made. Failure to follow this procedure will result in the student being counted absent in the scheduled classes.

I am requesting the following schedule change(s):

DROP COURSE

Course Name _____


Teacher's Signature _____

ADD COURSE

Course Name _____

Teacher's Signature _____

THE REASON FOR SCHEDULE CHANGE (BE DETAILED – USE THE BACK OF PAGE IF NECESSARY)

Parent's Signature _____  (GET THIS SIGNATURE FIRST)

Parent's Phone# (_____) _____

Student's Signature _____

Cluster Leader's Signature _____

Assistant Principal's Signature _____  (GET THIS SIGNATURE LAST)

RETURN THIS COMPLETED FORM TO MS. FORTE' AT LESLIE.FORTE@HOUSTONISD.ORG.

OFFICE USE ONLY:

GRANTED: _____ DENIED: _____
Reason

YOU CANNOT BE REMOVED FROM STAAR CLASSES/ PRIN INFO TECH/IPC
***You cannot switch clusters/academies.**
OFFICE WORKERS MUST COMPLETE THIS FORM TOO!

DEADLINE SEPTEMBER 25TH