

Hackett Catholic Prep High School
Request for schedule change for 2018-19 school year

<u>Office Use Only</u>
Date received- _____
Fee paid- _____

All schedule changes **after 6/15/18** require a \$25 fee prior to processing. Schedule changes will be processed after 8/06/18 based on their date received with the fee.

Student Name _____ Student Number _____

Course or courses requesting to drop:

Course or courses requesting to add:

Reason for the request : **(Request for a specific teacher or class period are not valid reasons for schedule changes)**

Student signature _____ Date _____

Parent signature _____

Request verification or denial.

Accepted

Denied

Reason for denial _____

Placed on waiting list

The following course or courses have been dropped

The following course or courses have been added

Counselor _____ Date _____

Input _____

The school reserves the right to change students' schedules in order to balance class sizes.