

CHS Student Success Center
Schedule Change Request Form

Name _____ Grade _____ Date _____

Student School Email _____@cps.k12.ar.us Student Phone _____

Important Information- Read First

According to the CPS Student Handbook, a student may request a schedule change the first 2 weeks or 10 school days of each semester. In order for your schedule change request to be considered, this form must be filled out completely and signed by your parent/guardian. Please be aware that a class change may rearrange your entire schedule and/or your lunch time. Schedule changes to accommodate a lunch time preference, a specific teacher or a particular class period will not be considered. You must follow your current schedule until your drop/add request has been granted. Check your HAC Account frequently for your updated schedule. If your schedule does not change, please check your school email account for a message from your counselor. It is possible that your schedule request could not be made for one or more reasons, and your counselor will explain this in an email or in person.

Class/classes you want to drop:

Class/classes you want to add:

Service Learning/Teacher's Aide available to juniors and seniors only

Service Learning Teacher's Signature _____ Period _____

*If selected you must have a teacher's signature and period above. Service Learning paperwork must be completely filled out and include the required signatures.

Teacher's Aide Teacher's Signature _____ Period _____

*If selected you must have a teacher's signature and period above. **Teachers-** *By signing above you are verifying that you do not have another teacher's aide/service learner during the period indicated and this period is NOT your planning period.*

Explain the reason/reasons you are requesting this schedule change. If the teacher recommended this change, please have that teacher sign below.

Parent/Guardian- Read and Sign

I have read and understand the information above. I understand that my student's schedule change request may not be granted. I am also aware of any effects this change may have on graduation requirements, honor graduate eligibility, scholarship eligibility, college entrance and/or NCAA, NAIA requirements.

Parent/Guardian Signature _____ Daytime Phone _____ Email _____

Counselor Use Only

_____ Approved _____ Denied _____ Not Recommended

Comment _____

Admin/Counselor _____ Date _____