

SLW CENTENNIAL SCHEDULE CHANGE REQUEST FORM



Name (Print Legibly):	Date:
Grade Level:	Email Address:

Schedule changes will be considered for the following reasons **ONLY**:

- Student has failed to meet the prerequisite for the next level
- Student scheduled for courses in which a passing grade was previously recorded
- Senior needing a course for college or graduation

Directions:

1. Complete this form and email it to your counselor by September 4, 2020.

Mr. Almade A-B, Fred.Almade@stlucieschools.org
Ms. Markowitz C-F, Rita.Markowitz@stlucieschools.org
Ms. McAdoo G-J, Tabitha.McAdoo@stlucieschools.org
Ms. Richardson K-M, Kelly.Richardson@stlucieschools.org
Ms. Plec N-R, Kristen.Plec@stlucieschools.org
Ms. Greene S-Z, Yochabelle.Green@stlucieschools.org
Ms. Diaz ELL 9-12, Daisy.Diaz@stlucieschools.org

2. Once you have submitted your schedule change request form, you are agreeing to follow the new schedule if it is adjusted. The FINAL DAY to submit a schedule change request form is **September 4th @ 2:00pm NO exceptions.**
3. List necessary schedule change request(s) and the reason(s).
4. Be specific in your request. List requests in order of priority.

CHANGE REQUESTED

PERIOD	DROP	ADD	REASON
Priority #1			
Priority #2			

Student's Signature: _____ Parent's Signature: _____

Printed Name: _____ Printed Name: _____

() Approved () Not Approved Counselor's Signature: _____