

SLW CENTENNIAL SCHEDULE CHANGE REQUEST FORM



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

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

- Not having seven (7) classes in schedule for Semester 1
- Student has failed to meet the prerequisite for the next level
- Student scheduled for courses that they previously passed
- Senior needing a course for college or graduation

Directions:

1. Complete this form and return it to Ms. Miller in N122 (Counselor entrance in the front office) by the end of the day on **Monday, August 16th**.

Ms. Lisa Bailey A-Ce, Lisa.Bailey@stlucieschools.org
Mrs. Markowitz Ch-Fo, Rita.Markowitz@stlucieschools.org
Ms. McAdoo Fr-J, Tabitha.McAdoo@stlucieschools.org
Mrs. Richardson K-Na, Kelly.Richardson@stlucieschools.org
Ms. Plec Ne-Sc, Kristen.Plec@stlucieschools.org
Ms. Greene Se-Z, Yochabelle.Green@stlucieschools.org
Ms. Diaz ELL 9-12, Daisy.Diaz@stlucieschools.org

2. The **FINAL DAY** to submit a schedule change request form is **Monday, August 16th**. Your School Counselor will either email you or call you to their office to make any adjustments.
3. List necessary schedule change request(s) and the reason(s).
4. Be specific in your request. List requests in order of priority.
5. Keep in mind, changing one class may require changes to other classes on your schedule.

CHANGE REQUESTED

PERIOD	DROP	ADD	REASON
Priority #1			
Priority #2			

Student's Signature: _____

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