

**HARRAH MIDDLE SCHOOL  
CHANGE REQUEST FORM**

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

COURSE TO CHANGE FROM

COURSE TO CHANGE TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date submitted to Counselor: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Change made: Y/N If no, reason \_\_\_\_\_

Counselor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHEDULE CHANGE POLICY**

**ATTENTION: THE FOLLOWING ARE THE ONLY SCHEDULE CHANGES THAT ARE GUARANTEED TO BE MADE:**

- If you were scheduled into the same class more than once
- If you are missing a core class
- If you are in the wrong grade level of a class

**CLASSES WILL NOT BE CHANGED BECAUSE:**

- You are requesting a new teacher
- You are requesting to be in class with a friend
- Your request will cause any class to be overloaded

All schedule change requests need to be submitted by August 20<sup>th</sup>.