

**HOLLOWAY 6TH GRADE
SCHEDULE CHANGE REQUEST FORM**

DATE: _____

Student Name: _____

Advisory Teacher: _____

Class you wish to **DROP**: _____

Class you wish to **ADD**: _____

Reason: _____

Student signature: _____

Parent signature: _____

Teacher Signature (if applicable): _____

Please complete the above Schedule Request Form **and return** it to the front office. At that time, the Request Form will be submitted to the school counselor, Mrs. Harris for review. After reviewing, Mrs. Harris will communicate her decision to the student.

Note: Request Form **MUST** have both student and parent signatures before submitting to the front office. Thanks!