

CLASS CHANGE REQUEST

*Class changes are ONLY available the first three days of a semester.

*They require student and teacher signatures. Parents as requested.

*Return to Mrs. Jewell's room.

*Allow 1 day for changed classes to take effect IF APPROVED per transcript, etc

NAME: _____

1.

- CLASS LEAVING: _____ Hour: _____
- CLASS ENTERING: _____ Hour: _____
- REASON: _____

Parent Signature: (If reqq) _____

Teacher Leaving: _____

Student Signature: _____

Teacher Entering: _____

2.

- CLASS LEAVING: _____ Hour: _____
- CLASS ENTERING: _____ Hour: _____
- REASON: _____

Parent Signature: (If reqq) _____

Teacher Leaving: _____

Student Signature: _____

Teacher Entering: _____

3.

- CLASS LEAVING: _____ Hour: _____
- CLASS ENTERING: _____ Hour: _____
- REASON: _____

Parent Signature: (If req) _____

Teacher Leaving: _____

Student Signature: _____

Teacher Entering: _____