

Date Issued:

Date Received:

**A.C. Flora High School
Schedule Correction Request Form**

Request Forms must be completed, signed, and submitted to the A.C. Flora Guidance Office:
No later than Tuesday, August 22, 2023.

Correction Request Forms will be processed in the order they are received.

Student Name: _____ Grade: _____ Date: _____

*Please complete this form if you have a correction request that fits the Richland One Schedule Change Policy.
Course corrections can only be considered under the following conditions.*

Please check what applies to your request and provide an explanation (if necessary):

- ___ 1. I have passed a class that is listed on my schedule.
- ___ 2. I have not passed a prerequisite course for a class that is listed on my schedule.
- ___ 3. I am a senior and do not have a course required for graduation listed on my schedule.
- ___ 4. I am requesting a schedule change for health conditions (with a doctor's note).
- ___ 5. A class I requested was cancelled.

- ***Schedules will NOT be changed to accommodate teacher requests.***
- **Please note: Your student's alternate courses discussed during their IGP in the spring, may have been used to complete your student's schedule. This is not a reason to request a course correction.**

For the reason checked above, I am requesting the following schedule correction(s):

DROP:

ADD:

Student Signature _____

Parent Signature _____

Phone Number: _____

Email Address: _____

NOTE: Requests for schedule changes will be processed in the order received from Wednesday, August 16th through Tuesday, August 22nd. **When a course reaches maximum capacity, the section will be closed.**

THE SCHOOL RESERVES THE RIGHT TO MAKE MODIFICATIONS IN THE SCHEDULE DUE TO STUDENT POPULATION, TEACHERS, AND BUDGET CONSIDERATIONS.

For Office Use:

___ Approved ___ Denied Reason: _____

Counselor Signature: _____

Date: _____