Crayton Middle School

# Request for Schedule Change

Student Name: _____Grade:_____ Date: _____

Parent Name: _____Contact #:_____

Request to Change:

FROM: _____ TO: _____
Subject and Level Subject and Level

FROM: _____ TO: _____
Subject and Level Subject and Level

Person making request:
_____ Parent/Student _____ Teacher _____ Guidance/Administration

Note: Course schedules were created based on data, as well as information received from the student/parent during the course selection process. Approvals are based on academic reasons and available space. Changes may also alter other classes on a student's schedule.

Reason for Request:
_____ Move to higher level _____ Move to lower level _____Other (please describe)

_____

_____

_____

Steps Taken: For a request to change teacher only, what steps have been taken to address concerns?
_____ Conference held _____ Class Observation ____ Administration notified

Action Taken:
_____ Request accepted _____ Request denied _____ Other

Parent Signature: _____ Date:_____

Teacher Signature: _____ Date:_____

Admin. Signature: _____ Date:_____