

**A.C. Flora High School**  
School Counseling Department  
Schedule Change Request Form

Request Forms must be completed, signed, and submitted to the A.C. Flora Counseling Office by:

**Friday, September 4<sup>th</sup> (4x4 classes)**

**Friday, September 11<sup>th</sup> (A/B classes)**

**(Please note that students have 5 school days to make changes to 4 x 4 classes and 10 school days to make changes to A/B classes.)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete this form if you have a change request that fits the Richland One Schedule Change Policy. Teacher allotments are dictated by the courses that students signed up for during the registration period in the spring. Course changes can only be considered under the following conditions.*

Please check what applies to your request:

- \_\_\_ 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 (please attach a doctor's note).
- \_\_\_ 5. A class I requested was cancelled.

For the reason checked above, I am requesting the following schedule change(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 21st until Wednesday, September 4th. Preference will be given to seniors and priority assistance to those who submit this form and follow this process. ***Schedules will NOT be changed to accommodate teacher requests or circumstances beyond what is listed above. When a course reaches maximum capacity, the section will be closed and an alternate replacement will be made.***

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

For Office Use:

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\_\_\_ Approved    \_\_\_ Denied    Reason: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_