Kent City High School Class Change Request

Please read this form in it's entirety, include parent signatures and return to the Counseling Office.

STUDENT NAME: _____ GRADE: _____

 Please remember that the master schedule was built, staffing planned, and materials purchased, based on student requests. Courses you requested, and any other special requests you made, were accommodated if at all possible. Changes must be for an academic reason and requested by the 5th day of the term. The first week! Changes in teacher or hour will be considered only in extraordinary circumstances. Changing classes may affect graduation status, college admission status, or college athletic eligibility. Please consider these factors before requesting a change.
Circle Semester: 1st or 2nd Circle Hour: 1 - 2 - 3 - 4 - 5 - 6
CLASS(ES) YOU WISH TO DROP:
INSTRUCTOR'S APPROVAL:
REASON:
CLASS(ES) YOU WISH TO ADD: The KCHS Course Catalog is available online at www.kentcityschools.org. Go to the High School link and choose Student Services.
SENIORS ONLY This section must be completed by all SENIORS.
Colleges have informed us that admission is a contract based on your academic history, extracurriculars, testing record, and rigor of your class schedule. REALIZE, that any change to your schedule can affect your admission status, even if you've already been admitted. In order for a schedule change to be considered, you must confirm one of the following: □ I have contacted the admissions offices of the colleges to which I have applied, and have
received confirmation that this change will not affect admission status.
□ I have not yet applied for college.
Student signature: Parent signature: