

OKEECHOBEE HIGH SCHOOL
Schedule Change Request Form

Student Name (Print Clearly): _____ Grade: _____

Be sure to fill out the form completely with all signatures before turning in to the Guidance office.

***Remember, elective schedule changes are only allowed during the first 9 days of the semester. Please understand that changes are *not guaranteed* so be prepared to stay in your current class in the event that a change is not made.

Course to be dropped and Class period	Course to be added	Must include reason for the change request

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teacher Signature (if teacher is recommending the change): _____

Counselor (circle name) : BREWER (2018) WAGNER (2019) SILLS (2020)

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