

**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) :      KIDD                      ROEHM                      WAGNER

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