

*HOLSTON HIGH SCHOOL*  
*Schedule Change Request Form*  
*School Year \_\_\_\_\_*

\*\*\* Only **ONE** schedule change form will be processed **Per YEAR**. Per WCS Policy IHD-R\*\*\*

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

Class Drop: \_\_\_\_\_ Class Add: \_\_\_\_\_

Class Drop: \_\_\_\_\_ Class Add: \_\_\_\_\_

Class Drop: \_\_\_\_\_ Class Add: \_\_\_\_\_

Reason for change(s):

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\*Request that do not include an explanation will not be considered.

***Valid Reasons for a schedule change:***

- \*Lacking school identified prerequisite
- \*Prior credit received in this course
- \*Failed course
- \*Graduation Requirement Needed
- \*Seniors pursuing concurrent enrollment or work release
- \*Level change (standard, honors, AP)

Form may be sent via email, fax, US Postal Service, or personal delivery and must be received no later than August 1.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Please note:** This is only an application; you must attend all assigned courses until after this form has been completed and reviewed. You will be notified whether your request is approved or denied. Failure to fill the form out correctly or turn it in on time will mean that your request will not be considered.