Schedule Change Request Form
Hillcrest Middle School

Student's Name:_____ Grade: _____
LAST FIRST MI

****

******* ATTENTION STUDENTS/PARENTS *******
READ THE FOLLOWING ITEMS CAREFULLY!

- All requests for a schedule change must have detailed reason for the change.
- A parent/teacher conference must have been held prior to the request to change a course.
- Schedule changes are subject to class availability. Since some changes require the shifting of other classes, it may not be possible to grant the request due to conflicts and/or class size(s).
- Final approval for schedule changes will be granted by Mrs. Staggers.
- Students will follow the schedule they have been given until notified by Guidance that a change has been made. Failure to follow this procedure will result in the student being counted absent in the scheduled classes.

****

I am requesting removal from the course(s):

_____ _____

The reason for the schedule change: (Be detailed in your explanation)

_____

_____

_____

_____

Have you had a face-to-face parent/teacher conference? _____ **Date(s):** _____

Parent' Signature:_____ **Date:**_____

Parent's Daytime Phone:_____

Student's Signature:_____ **Teacher's Signature:** _____
If Required Only

RETURN THIS COMPLETED FORM TO THE GUIDANCE OFFICE.

Email: tenika.chambers@sumterschools.net or miriam.robinson@sumterschools.net
Fax: 803.499.3353 or 803.499.3364

OFFICE USE ONLY:

GRANTED:_____ **DENIED:**_____

Notes:

_____

_____

Principal Signature: _____ **Date**: _____

School Counselor: _____ **Date**: _____