

Liberty High School – Schedule Change Request Form

Student Name: _____ Grade: _____ Date: _____

Schedule changes MAY be granted on an individual need basis with approval by the principal (e.g. class conflicts and clerical errors made during the scheduling process). Please be aware that some schedule changes MAY NOT be possible due to some classes having met maximum student enrollment numbers. **Schedule change requests for specific class periods or specific teachers WILL NOT be granted.** In accordance with School Board Policy IK-R, students will be permitted to make course changes *prior to the 21st day of school with principal approval.* Any courses dropped after the drop/add period will receive either a WP (Withdrawn Passing) or WF (Withdrawn Failing) status on the student transcript.

Top portion to be completed by student and parent/guardian:

Course to be dropped: _____ **Period of Course:** _____

REASON FOR SCHEDULE CHANGE REQUEST: (Please explain the reason for your request)

Course to be added: _____

Student Signature: _____ Parent Signature: _____

Teacher/Student conference (dropped class): ___/___/___ (Date) Teacher/Parent Conference: ___Phone ___ In Person

Teacher Comment for dropped course: _____ Teacher's Initials: _____

Teacher Comment for added course: _____ Teacher's Initials: _____

Counselor Comment: _____ Counselor's Initial: _____

Your schedule change request is: () approved () not approved on ___/___/___ (Date)

Teacher signatures will be required for multiple changes resulting from this initial request.

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| <p style="text-align: center;">APPEAL PROCESS ORDER:</p> <ol style="list-style-type: none">1. Appeal to Director of School Counseling, Robyn Whorley2. Appeal to Grade Level Principal:
9 and 11th grade – Mr. Shawn Horst
10 and 12 – Ms. Dawn Verhoeff3. Appeal to Principal, Dr. Shawn Troesper |
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