

Holy Name High School
SEMESTER SCHEDULE CHANGE

Name _____ Grade _____ Homeroom _____

Request for change initiated by (circle one) STUDENT PARENT TEACHER

Reason for change

Class to be DROPPED

Teacher's signature of DROPPED class

Class to be ADDED

Teacher's signature of ADDED class

Student signature

Parent signature

Counselor signature _____ Date _____

PLEASE NOTE: THIS ENTIRE FORM MUST BE COMPLETED. FORMS WITH OMISSIONS WILL NOT BE REVIEWED.

ALL SCHEDULE CHANGES INITIATED BY STUDENT OR PARENT MUST BE ACCOMPANIED BY A **\$50.00 SCHEDULE CHANGE FEE**. IF THIS REQUEST IS DENIED, THE FEE WILL BE RETURNED. NO CHANGES WILL BE MADE UNTIL THE FEE HAS BEEN PAID. (*Checks made payable to Holy Name High School.*)

ALL SCHEDULE CHANGES MUST BE MADE BY THURSDAY, SEPTEMBER 1st.