

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 (*if necessary*)

Class to be ADDED

Teacher's signature of ADDED class (*if necessary*)

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, AUGUST 31st.