

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 FORM MUST BE COMPLETED IN ITS ENTIRETY.
FORMS NOT FILLED OUT COMPLETELY WILL NOT BE ACCEPTED.

ALL SCHEDULE CHANGES INITIATED BY STUDENT OR PARENT MUST BE ACCOMPANIED BY A **\$50.00 SCHEDULE CHANGE FEE**. CHANGES WILL NOT BE MADE UNTIL THE FEE HAS BEEN PAID. (*Checks need to be made payable to Holy Name High School.*)

****If a student is dropping a CCP or AP course, the fee is \$100.00.**

ALL SCHEDULE CHANGES MUST BE MADE BY THURSDAY, AUGUST 30th.