

**Holy Name High School**  
**SECOND SEMESTER SCHEDULE CHANGE FORM**

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.*)

**\*\*Please remember, a full year course may not be dropped at the semester.**

**ALL SCHEDULE CHANGES MUST BE MADE BY  
THURSDAY, JANUARY 23, 2020.**