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.