



## Schedule Change Request Form

Students who would like to change a class will need to fill out a Schedule Change Request Form **within the first three school days of the term**. The Individual Plan of Study will dictate all class changes predicated on class size. The form will require a detailed explanation of the request as well as parent and teacher signatures. The request will be reviewed and approved or denied by a panel of counselors and/or administrators.

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Grade (circle):                    9                    10                    11                    12

Class to Drop: \_\_\_\_\_

Class to Add: \_\_\_\_\_

Explanation of how the requested class better fits your Individual Plan of Study:

Exiting Teacher Comments (optional):

Exiting Teacher Signature & Date **(required)**: \_\_\_\_\_

*The student has communicated the above concern in person.*

Parent Signature & Date **(required)**: \_\_\_\_\_

*I support my student's change request.*

### Office Use ONLY

Panel's Decision:     Yes                     No                     Need more information

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