**Avondale High School**

Schedule Adjustment Application

Student Name: Date:

Student Email Address: Grade:

Class you want to DROP:

Class you want to ADD:

**PART A:** If this request meets one of the reasons listed below, your schedule change request will be granted.

 Incomplete Schedule

 Already earned credit in this class

 Need adjustment for Dual Enrollment

 In class schedule more than once

 Class needed for graduation

 Emergency situation (with documentation)

 Medical diagnosis (with documentation)

 Conflicts with another class

 Taking class in summer school

If your request **DOES NOT** meet one of the reasons listed above, it will be considered by administrators, but the schedule change is NOT guaranteed. Please explain your reasons neatly and thoroughly below.

**PART B:** State WHY you want to make this schedule change. Give reasons and BE SPECIFIC. This is considered an elective change. Students had until June 1 to make elective changes.

Student Signature

Parent/Guardian Signature

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 Approved

 Not Approved

Administrator Signature