

**ROSLYN HIGH SCHOOL
2018-2019
REQUEST FOR SCHEDULE CHANGE**

Student Name: _____ **Grade:** ____ **Counselor:** _____

If you are requesting a schedule change, this form must be completed and returned to the Counseling Center immediately. Forms will be stamped by date of receipt and will be addressed accordingly. **Please note that schedule change requests will only be considered upon completion of this form. This will be your only opportunity to change your schedule. Only those changes, as a result of a course failure, will be made during the summer or in the fall.** Phone and e-mail requests will not be honored.

Please circle the type of schedule change you are requesting.



◇ Schedule Error	◇ Level Change Request	◇ Elective Request/Change
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Change 1: Drop: _____

Add: _____

Change: 2 Drop: _____

Add: _____

Contact Information

In the event that you need to be contacted by your counselor, please fill in the e-mail address and phone number where you can be most easily reached below:

Parent Signature _____

E-mail Address _____ **Phone Number** _____

1. A **scheduling error** is defined as the following:
 - The omission of an academic course or error in the scheduled course level.
2. If you are requesting a **level change**, you must indicate the request in the **Drop/Add** section above.
3. Every effort has been made to honor your **elective requests**. If you requested an elective that does not appear on your schedule, it was because it would not fit into your schedule.

Please note the following:

- *Counselors are prohibited from honoring any requests in reference to teachers, lunch periods, or free periods.*
- All changes are made on a space available basis.
- This schedule change may result in a subsequent modification of your schedule.
- The Director of Guidance must approve all changes.

Your counselors are making every effort for a seamless transition to the 2018-2019 school year. Your patience and support during this time are appreciated. We look forward to a wonderful school year.

THANK YOU!