PETITION TO CHANGE SCHEDULE
DROP OFF COMPLETED FORM AT THE FRONT OFFICE

Student Name ___________________________ Student Number ___________________________
Grade (mark one) 9 10 11 12

Reason for request: _____________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

*Check Zangle to see if a change was made, as many requests cannot be accommodated.*

Drop 1st Choice 2nd Choice

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Student Signature ___________________________ Parent Signature ___________________________ Date __________

Counselor Signature ___________________________ Approved □ Denied □