

# Avondale Academy Schedule Change Request Form

\*\*\*Please fill form out COMPLETELY. Incomplete forms will result in NO ACTION\*\*\*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Class to DROP: \_\_\_\_\_ Class to ADD: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Counselor Action (SCHOOL USE ONLY)**

Schedule change denied. If you need further explanation, please set up an appointment to talk to the counselor.

Your request cannot be honored. This class is not offered at the time requested OR class is full.

Schedule change approved. Please follow the attached schedule immediately.

Other: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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