



Schedule Change Form 2020-2021

Student Name: _____ Grade: _____ Shop: _____

Current Course: _____ Change Course: _____

Reason for Change:

Guidance Comments:

APPROVAL / SIGNATURES

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Lunch periods will not be changed without a medical reason. This will require a current note from a physician.
Form must be completed; signed by both Student and Parent; and returned to DCTS.