

REQUEST FOR CHANGES IN COURSE SELECTIONS

This form is NOT to be used for Course Level Change Requests!

ALL REQUESTS FOR CHANGES MUST BE SUBMITTED IN WRITING, USING THIS FORM, TO THE GUIDANCE OFFICE BY Wednesday, MARCH 31, 2010. CHANGES MADE AFTER THIS DATE WILL BE FOR EXTENUATING CIRCUMSTANCES CAUSED BY THE MASTER SCHEDULE OR FOR STUDENTS WHO ARE NOT CARRYING ENOUGH CREDITS. THIS IS THE ONLY OPPORTUNITY TO REQUEST A CHANGE. Since a parent/guardian signature is required, no email or phone requests can be accepted.

Student Name _____ Current Grade _____

Parent/Guardian Name _____

Daytime Phone/Cell Number of Parent/Guardian: _____

Parent/Guardian Email _____

Student Email _____

Please keep in mind that requests for class periods, semester, middle school team and teacher preferences cannot be honored.

Please drop the following course(s):

Please add the following course(s):

Please state your reason(s) for the above requested course change(s):

By signing below, you grant permission for your student to pursue the above course change(s). While your student's counselor cannot guarantee that the change will be made, every effort will be made to provide your student with the best educational experience possible. ***ALL requests must be made using this form.***

Signature of Parent/Guardian

Date

Please deliver form to the guidance office or mail form by **March 31, 2010** to:
Guidance Office; Hampshire Regional High School; 19 Stage Rd.; Westhampton, MA 01027
or FAX to 413-529-2782