

**Fremont High School**  
Schedule Change Request Form

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

After June 1, 2012 changes to a student's schedule, for any quarter, will be made only for the following reasons:  
***(Please check the reason that applies)***

- \_\_\_\_\_ Errors made by the school in developing the master schedule
- \_\_\_\_\_ The need for the school to balance class sizes
- \_\_\_\_\_ Medical reason with required documentation
- \_\_\_\_\_ Failure of a course required for graduation
- \_\_\_\_\_ Request to take courses required for a Core 40 with Academic Honors Diploma
- \_\_\_\_\_ A student requests to attend the full year rather than pursue early graduation
- \_\_\_\_\_ Change to a more appropriate level of a course per teacher/parent/counselor agreement.
- \_\_\_\_\_ Decision to pursue dual credits through Middle College at Trine University.

Briefly describe the schedule change you are requesting \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor note: \_\_\_\_\_  
\_\_\_\_\_

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_

Approve

Disapprove

Conference requested