



**Centennial Academy - Middle School**  
**2018-2019 - SCHEDULE CHANGE REQUEST- 1st Semester**

SCHOLAR'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOMEROOM TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

Directions: Make all requests on this form! One form per scholar. **All requestS for Class Changes for first semester must be submitted NO LATER THAN 3:00 PM Thursday, August 2, 2018.** Schedule revisions will be made provided to the scholars in Homeroom as well as reflected in Infinite Campus when changes are complete.

ADD		DROP	
PERIOD #:	COURSE NAME	PERIOD #:	COURSE NAME

\*THIS CHANGE REQUEST MAY CAUSE A CHANGE IN YOUR SCHEDULED CLASSES.\*

☐ I'M OKAY IF MY SCHEDULE CHANGES.    ☐ DO NOT PROCEED IF MY OTHER CLASSES WILL CHANGE.

REASON FOR CHANGE:	OFFICE USE ONLY:
<input type="checkbox"/> I have two of the same class. <input type="checkbox"/> I am in the wrong ACADEMIC class. <input type="checkbox"/> I have already taken this class. <input type="checkbox"/> I am missing the Connections Course I requested.	<input type="checkbox"/> Your schedule change has been granted, please find your attached new schedule. Follow your new schedule Monday, August 13, 2018.  <input type="checkbox"/> Unfortunately your schedule was not granted for the following reason(s): _____ _____ _____ _____

Scholar's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_