Avondale High School

Schedule Adjustment Application

Student Name:	Date:

Student Email Address:	Grade:

Class you want to DROP:

Class you want to ADD:

PART A: If this request meets one of the reasons listed below, your schedule change request will be granted.

- ☐ Incomplete Schedule
- ☐ Already earned credit in this class
- ☐ Need adjustment for Dual Enrollment
- ☐ In class schedule more than once
- ☐ Class needed for graduation
- ☐ Emergency situation (with documentation)
- ☐ Medical diagnosis (with documentation)
- ☐ Conflicts with another class
- ☐ Taking class in summer school

If your request **DOES NOT** meet one of the reasons listed above, it will be considered by administrators, but the schedule change is NOT guaranteed. Please explain your reasons neatly and thoroughly below.

PART B: State WHY you want to make this schedule change. Give reasons and BE SPECIFIC. This is considered an elective change. Students have until June 1 to make elective changes.

Student Signature

Parent/Guardian Signature

- ☐ Approved
- ☐ Not Approved

Administrator Signature