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REQUEST FOR SCHEDULE CHANGE 2018-2019

PRINT CLEARLY

Student First and Last Name _____

PLEASE READ: Schedule changes based on teacher preference will not be honored. The administration reserves the right and has the responsibility to only make changes as necessary to meet graduation requirements, balance class sizes, correct administrative or clerical error, reflect changes in school personnel, or other educationally appropriate reasons. Therefore, you may only request schedule change upon the reasons stated below.

1. *Level change request based on availability. Enrollment into upper level courses (AP/DUAL/PLTW) is not subject to change*
2. *Medical/Health issues requiring adjustment in schedule*
3. *Course needed for graduation*
4. *Course completed during summer school/missing credit recovered*
5. *Duplicate course*

SCHEDULE CHANGE REQUESTS WILL ONLY BE AVAILABLE FROM AUGUST 09 – AUGUST 22, 2018

NO Forms will be accepted after this day! No exceptions.

Complete the following for the course(s) you wish to DROP/ADD

DROP (Course Name, Block)	ADD (Course Name, Block)	Reasons (1-5)

Parent/Guardian Signature _____ Date _____

SCHOOL USE ONLY:

Schedule Request: ___ Approved ___ Denied Does NOT meet criteria listed for schedule change

Counselor Comment: _____

Counselor Signature _____ Date _____