



Schedule Change Request

Application Date	
Student ID Number	
Billing Account #	

Student Personal Information						
Last Name		First Name		Middle Name	Suffix (Jr, III)	Preferred first name
Street Address			City		State	Zip Code
Home Phone and area code		Reason for request				

Instructions

1. List all classes in current Schedule.
2. Add any new classes at bottom of list.
3. In the "action" column,
Circle the action to be taken for each class: K Keep the class. C Cancel the class. A Add a new class.

Item	Action	Class Number	Class Title	Class Day
1.	K C A			
2.	K C A			
3.	K C A			
4.	K C A			
5.	K C A			
6.	K C A			
7.	K C A			
8.	K C A			
9.	K C A			
10.	K C A			
11.	K C A			
12.	K C A			
13.	K C A			
14.	K C A			
15.	K C A			

Parent or Student Signature _____ Date _____

Teacher's Signature _____ Date _____

Artistic Director's Signature _____ Date _____

For Office Use only

Scheduling change to be effective on Date:	Class Count Before Change	After Change
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