

# LE MARS HIGH SCHOOL SCHEDULE REQUEST FORM

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROCEDURE TO REQUEST A CHANGE:**

Complete this form and return it to the guidance office. Changes need to be submitted at least 7 days prior to the start of the semester. **Please check power school; if the change is not in your schedule, your request could not be honored.**

**You may not make a request for the following reasons:**

- To have class with a friend
- To have a specific lunch shift
- To request a specific teacher
- Because you simply changed your mind

Because a thorough registration process occurred in February which determined the master schedule, sections of classes, and teacher staffing, schedule changes are limited.

**Requests can/should be made ONLY for the following reasons:**

- You do not have the prerequisites for the class listed.
- You failed a class.
- There is an obvious error (two classes scheduled at the same time).
- A class you need to graduate is not listed or was dropped from the schedule.
- Your schedule is unbalanced.
- You are misplaced in a class as determined by the instructor.

The Le Mars Community School Student Registration Handbook, which includes course descriptions and graduation requirements, is located on the Le Mars Community Schools website: [www.lemarscsd.org](http://www.lemarscsd.org)

**DROP COURSE:**

**ADD COURSE: (Only if space is available)**

Course Name	Sem.	Period	Course Name	Sem.	Period

Parent/ Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_