

Welcome back!

Since all of you had scheduling meetings with Mrs. Coombs, the **ONLY** schedule changes that will be permitted will be those that are due to a missing course, credit recovery needed, missing lunch, or a conflict with off-campus CCP coursework. We will not be changing schedules simply because someone wants a different course, as course requests were made last spring and staffing was made according to those requests. *We are asking students to list what course they are wishing to drop and the reason, and list what course they would be willing to take in its place.* **We cannot guarantee that the course desired is the same period as the one being removed, so this could result in a different substitution.**

If you have received your schedule and feel strongly that something that needs to be adjusted, please fill out the below form and email it to:

Juniors and Seniors: Mrs. Coombs – nrws_dmcgraw@tccsa

Freshmen and Sophomores: Mrs. Burkholder – nrws_rburkho@tccsa.net

Forms may also be dropped off in the Student Services office, but we will not make schedule changes while you wait. Also, please note that any changes requested are subject to course capacity restraints, as well as availability. Students will NOT be permitted multiple schedule changes per semester, unless there is an extenuating circumstance, such as illness, credit deficiency, etc.

SCHEDULE ADJUSTMENT FORM

Form must be returned within the first 3 days of the school year or by the start of 2nd semester, if taking a 2nd semester class.

The only reasons for adjustments made during this time are:

1. To add lunch
2. To obtain needed graduation requirements
3. To obtain needed college prep courses
4. To adjust for College Credit Plus Option courses
5. To meet IEP accommodations
6. To replace a study hall with a class
7. Other reason deemed appropriate by NHS principal/Student Services

USE YOUR CURRENT SCHEDULE UNTIL YOU HAVE PICKED UP YOUR NEW ONE. NOT ALL REQUESTS CAN BE FULFILLED. ONLY ONE CHANGE PER SEMESTER WILL BE APPROVED!

STUDENT NAME _____ **GRADE** _____
First Last

CLASS TO DROP:
Full Course Name

SUGGESTED REPLACEMENT:
Full Course Name

_____ **Parent/Guardian Signature (REQUIRED)**

Student Signature (REQUIRED)

Teacher Signature (if Required)

My reason for requesting this change is:

