



Bishop Kelley Schedule Change Form

My son/daughter _____ (please print) in the
___9th ___10th ___11th ___12th grade has my permission to make a schedule change.

These requests are subject to the availability of classes. We will not be able to
accommodate all requests.

CHANGE(S) REQUESTED	
This section must be complete and a parent must sign below before any changes to the student's schedule can be considered.	
If possible please drop: Course name and Credit Value (print clearly)	If possible please add: Course name and Credit Value (print clearly)
_____	_____
_____	_____
_____	_____
_____	_____

Parent or Guardian Signature _____ Date _____

Home _____ Cell _____ Business _____

*Phone number(s) are needed so that you can be reached if there are any questions or concerns regarding the schedule change.

For Office Use Only:

Textbook Issued: ___ Yes ___ No Textbook returned: ___ Yes ___ No ___ N/A

Counselor making schedule change: _____ Date _____