

Ponderosa High School

Schedule Adjustment Form 2019-2020

To make any schedule adjustments, you must complete this form, gather the appropriate signatures and turn it into the counseling office at the designated times.

As we have communicated throughout the registration process, schedule adjustments will only be made for the below criteria. We will NOT be making schedule adjustments to change off-periods and/or teachers.

1. You do not meet the course requirement or need to make a level change
2. You need to meet a graduation requirement
3. You have a "See Counselor" on your schedule
4. You want to drop a class for an off hour
5. You want to add a class during an off hour. The class must be the same period and there must be room in the class. Class caps are non-negotiable. A student can only change a class once per period. These requests will be satisfied on a first come first serve basis.
6. You want to change from one elective to another elective. The class must be the same period and there must be room in the class. Class caps are non-negotiable. A student can only change a class once per period. These requests will be satisfied on a first come first serve basis.

Last Name, First Name: _____

Current Class: _____

Requested Class or Off Period: _____

Reason for Request: _____

Student Signature: _____

Parent Signature: _____

Level Adjustments Only (any other adjustments may disregard the following):

If I am choosing to move to a more advanced class than what was recommended for me, I understand the risk I am taking by enrolling in this class. I realize by making this change, I may need to go in for extra help or seek the help of a tutor at my own expense.

Initial _____

I realize that by making this change, it may require a change to the rest of my schedule, which may mean that the other classes I originally chose may not be available. I understand if my alternate selections are not available that my counselor may choose classes to fill my schedule.

Initial _____

Current Teacher Signature: _____

Teacher Comments: _____

Department Chair Signature: _____

Counselor office use only:

Change made? _____ Initials _____ Date _____