



**DEERFIELD BEACH HIGH SCHOOL**

*"You Can't Hide Our Buck Pride!"*

**STUDENT REQUEST FOR SCHEDULE CHANGE**  
**(Please Print)**

Date \_\_\_\_\_ Grade Level \_\_\_\_\_ School Counselor \_\_\_\_\_  
Name \_\_\_\_\_  
(Last) (First)

Student# \_\_\_\_\_

Period you are requesting to change: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Reason for schedule change:  
\_\_\_\_\_

Course you want to DROP \_\_\_\_\_

Course you want to ADD:      1st Choice \_\_\_\_\_  
   2nd Choice \_\_\_\_\_  
   3rd Choice \_\_\_\_\_

**NOTE:**

**•You are not able to request a specific teacher. You are not able to request a specific lunch.**

**•By signing this request, I understand my other classes and/or lunch may have to be changed.**

**• \_\_\_\_\_ Check here if you would like to cancel this request if other classes and/or lunch have to be changed.**

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**NO REQUEST FORMS FOR SCHEDULE CHANGES WILL BE ACCEPTED AFTER: Friday, August 25, 2017**

**PLEASE RETURN THESE FORMS TO THE BOX IN THE SCHOOL COUNSELING OFFICE BY: Friday, August 25, 2017**

**\*\*\*\*\*ONLY COMPLETED FORMS, SIGNED BY A PARENT AND THE STUDENT WILL BE ACCEPTED.**

**\*\* OFFICE USE ONLY\*\***  
Approved \_\_\_\_\_  
Denied \_\_\_\_\_ Reason: \_\_\_\_\_