



SAINT XAVIER HIGH SCHOOL SCHEDULE CHANGE REQUEST FORM

STUDENT INFORMATION *(Please Print)*

Date: ____/____/____

Student # First Name Middle Last Name Parent Cell / Student Cell

What course(s) do you want to change?: _____

Reason for Change: _____

Unless you are requesting a study hall, list at least 2 alternative classes, in order of preference, that you want or would be willing to take:

A \$25.00 fee may be required depending upon the reason for the change. You will be advised if the fee is required. This fee must be paid before the change is finalized. Also, parental permission is required for any schedule change (see below). Emails from parent accounts are acceptable as permission for a schedule change.

PARENTAL PERMISSION FOR SCHEDULE CHANGE

I have discussed the above change with my son, and by my signature on this form do hereby grant authorization to the Studies Office to adjust my son's schedule to accommodate this request. We also understand that each request is subject to review and the Studies Office does not guarantee that this change can be made.

Parent Signature

Printed Parent Name

FOR OFFICE USE ONLY:	<input type="checkbox"/> \$25.00 Fee Required <input type="checkbox"/> Fee Paid <input type="checkbox"/> Fee Waived