

SCHEDULE CHANGE REQUEST FORM

Davison Middle School

2019-2020

Please fill out this form *completely*, then return it to the DMS Guidance office or email it to jmartinez@davisonschools.org (7th grade Counselor), kthompson@davisonschools.org (8th grade Counselor), or pgalea@davisonschools.org (Guidance Office Secretary)

STUDENT NAME: _____ GRADE: _____

CLASS REQUESTING TO DROP: _____

CLASS REQUESTING TO ADD: _____

CLASS REQUESTING AND SPECIFIC EDUCATIONAL REASON FOR THE CHANGE:

****Please be advised that requests to change lunch hours, specific teachers, or specific class hours WILL NOT be considered except through written administrative approval.***

PARENT/GUARDIAN SIGNATURE

PHONE

OFFICE USE ONLY

APPROVED _____ NOT APPROVED _____

ADMIN/COUNSELOR SIGNATURE: _____