

SCHEDULE CHANGE REQUEST FORM

Davison Middle School

2015-2016

Please fill out this form *completely*, then return it to the DMS Guidance office or email it to jhall@davisonschools.org. All requests will be considered, but, we cannot guarantee that all requests will be able to be accommodated. Thanks for your understanding and patience during this process!

STUDENT NAME: _____ GRADE: _____

TODAY'S DATE: _____

WHAT CHANGE ARE YOU REQUESTING? _____

SPECIFIC EDUCATIONAL REASON FOR THE CHANGE: _____

**Have you already spoken with a teacher or administrator about this?*

Yes ___ No ___ WHO DID YOU SPEAK WITH?: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

PHONE: _____ EMAIL: _____

FOR OFFICE USE ONLY:

APPROVED _____ NOT APPROVED _____

REASON: _____

ADMINISTRATOR/COUNSELOR SIGNATURE: _____