

# SCHEDULE CHANGE REQUEST FORM

Davison Middle School

2021-2022

Please fill out this form *completely*, then return it to the DMS Guidance office or email it to:

7<sup>th</sup> grade counselor, Sarah Abraham - [sabraham@davisonschools.org](mailto:sabraham@davisonschools.org)

8<sup>th</sup> grade counselor, Kristen Glaz - [kglaz@davisonschools.org](mailto:kglaz@davisonschools.org)

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**OFFICE USE ONLY**

APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

ADMIN/COUNSELOR SIGNATURE: \_\_\_\_\_