


HIGH PLAINS COMMUNITY SCHOOLS

260 S. PINE | POLK, NE 68654 | OFFICE: 402-765-3331 | WWW.HPCSTORM.ORG

SCHEDULE CHANGE REQUEST FORM

STUDENT	GRADE	DATE

Please follow the directions below. Failure to do so will result in having this form returned to you.

Please note that changes may not be completed prior to school opening. Top priority will be given to students with schedules containing the issues listed below. Changes in electives may not be granted due to class size, balance, and original requests being met.

Please know that some students have been scheduled into their first or second alternate choice.

1. You have failed a class.
2. You are a senior who needs a course to meet graduation requirements.
3. You have not met the prerequisite for a scheduled class.
4. There is a current health issue that requires a change in schedule.
5. Inappropriate academic placement.
6. If the placement was an error on the school's part such as something you actually had not requested.

CURRENT CLASS			REQUESTED CLASS		
Class	Per.	Teacher Signature	Class	Per.	Teacher Signature

REASON FOR REQUESTING THIS CHANGE:

FORM IS NOT VALID WITHOUT PARENT SIGNATURE

Parent's Signature: _____

- - - - Office Use Only - - - -	
Approved	Denied
Comments:	