

NORTH POINT HIGH SCHOOL
SY 2023-24 **COURSE** CHANGE REQUEST

DATE _____ STUDENT ID NUMBER _____

**NO REQUEST FOR A COURSE CHANGE WILL BE ACCEPTED AFTER 9/11/23
WITHOUT A PARENT CONFERENCE AND ADMINISTRATIVE APPROVAL.**

*******REQUESTS TO CHANGE TEACHERS WILL NOT BE HONORED*******

STUDENT'S NAME _____ GRADE _____

COURSE TO DROP _____ COURSE TO ADD _____

Second Choice _____

PARENT'S NAME (please print) _____

PARENT'S SIGNATURE _____

PARENT'S PHONE (HOME) _____ (WORK) _____

(CELL) _____

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REASON (CHECK ONE – TO BE COMPLETED BY COUNSELOR)

_____ ELECTIVE **COURSE** CHANGE

_____ ACADEMIC **COURSE** LEVEL CHANGE

_____ **COURSE** NEEDED FOR GRADUATION PLAN

_____ RECOMMENDATION BY ADMINISTRATION _____
(Administrator's Signature)

ACTION (TO BE COMPLETED BY COUNSELOR)

_____ CHANGE MADE AS REQUESTED

_____ CHANGE NOT MADE (reason) _____

COUNSELOR _____ DATE _____