



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

CHANGE OF SCHEDULE REQUEST FORM

Date _____

Student Name _____ Grade _____
Last First Middle

School Identification Number _____

The following class schedule is requested:

FROM

TO

REASONS FOR THE CHANGE REQUEST (Please check one):

- | | |
|--|--|
| <input type="checkbox"/> Failed prerequisite course | <input type="checkbox"/> Need this required course |
| <input type="checkbox"/> Did not register for course | <input type="checkbox"/> Failed course |
| <input type="checkbox"/> Need credit to graduate | <input type="checkbox"/> Do not have a complete schedule |
| <input type="checkbox"/> Other - Explain: _____ | |

The Virginia High School League (VHSL) rules specify that in order to participate in varsity athletics, drama, forensics, debate or literary activities a student must have passed five (5) credits during the preceding semester and must be enrolled in five (5) credits during the current semester.

_____ Yes, I am in a VHSL Activity.

_____ No, I am not in a VHSL Activity.

It is understood that above is only a request. Processing will depend upon approval and availability of classes. Return this form to your counselor after it has been signed by a parent/guardian and teacher.

Signature of Parent/Guardian

Signature of Teacher

Signature of Counselor or Administrator

Daytime Telephone Number

****You are to remain in your present class/classes until you receive an official notification of the change.**

****Before you report to your new class, you must return all textbooks to your previous teacher(s).**