



HOPE Academy

Request for Schedule Change

If you have reviewed your student's class schedule, either through Campus or through communication with the HOPE Academy staff, and you would like to request a change in your student's class schedule, please fill out this form.

This form is to be completed by registration day of this school year. Schedule change requests will be reviewed and approved based on the needs of each student.

Student Name _____ Class Period _____

Name of class to be changed _____

Name of requested class _____

Reason for request of schedule change _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

Administrator Signature (if approved) _____ Date _____