

Caroline Middle School

Change of Schedule Request Form

Student's Name: _____ Grade Level: _____ Date: _____

Parent Phone Number: Cell: _____ Work: _____

Requested Change:

Course to be dropped: _____

Course to be added: _____

Standardized Testing Information:

Math SOL Score: _____

English SOL Score: _____

Science SOL/Benchmark Score: _____

History SOL Score: _____

Reason for request:

Parent's Signature

Date

Administrative Decision:

____ Approved

____ Denied

Administrator's Signature

Date

**Changes are not guaranteed, they will be granted based upon enrollment, space availability, and meeting the Program of Studies' course requirements. **

Notification will be made within twenty-four (24) hours.