

## Kerr Middle School Schedule Correction/Change Request Form

Please complete this form, in its entirety if you would like to request a change to your schedule. Incomplete forms unfortunately cannot be considered. NOTE- Submitting a schedule change request form does not ensure that the request will be approved; only that it will be eligible for consideration.

### STEP 1: To be completed by the STUDENT (PLEASE PRINT CLEARLY AND LEGIBLY!)

Student Name (Last, First): \_\_\_\_\_ Grade Level for 17-18: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

I request to drop the following class:

I request to add the following class:

First Choice:

Second Choice:

Please indicate the reason or reasons for your requested schedule correction/change.

1. I believe there is a clerical error in my schedule that needs to be fixed. Examples might include: I was not assigned a lunch; I have a semester course for the fall but not one for the spring, or I have two academic classes assigned during the same period. Please explain below.

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2. I have been invited to participate in athletics or another activity as an elective class.

Coach or Sponsor Signature: \_\_\_\_\_

Name of New Class or Activity: \_\_\_\_\_

Class and Period to be Dropped: \_\_\_\_\_

3. Level Change – Dropping a Pre-AP/Advanced course (including courses for high school credit).  
*(Please refer to the criteria on the back of this page in order to determine whether you are eligible to enroll in a regular/co-teach course.)* THESE LEVEL CHANGE REQUESTS MAY ONLY BE CONSIDERED DURING THE WINDOW FROM MONDAY SEPTEMBER 18<sup>TH</sup> THROUGH MONDAY OCTOBER 30<sup>TH</sup>, 2017.

**PLEASE BE AWARE!**

SCHEDULE CHANGES ARE NOT IN EFFECT UNLESS THE STUDENT RECEIVES A REVISED SCHEDULE FROM THE COUNSELORS OR ACADEMIC ASSISTANT PRINCIPAL. ANY REQUESTS TO DROP A PRE-AP OR ADVANCED COURSE WILL BE RETURNED WITHIN FIVE SCHOOL DAYS OF BEING RECEIVED. ALL OTHER REQUESTS WILL BE PROCESSED IN THE ORDER THAT THEY ARE RECEIVED.

**GENERAL CRITERIA FOR ENROLLMENT IN A REGULAR COURSE (PLEASE CHECK ALL THAT APPLY TO YOU!):**

- Based on previous school years' STAAR results, the student has a history of significant academic struggles in this particular content area.
  - Which STAAR Test? \_\_\_\_\_ Percentage Score? \_\_\_\_\_
  
- Based on previous school years' course grades and written feedback from previous teachers, the student has a history of significant academic struggles in this particular content area.
  - Name of Previous Teacher \_\_\_\_\_
  - School Attended, if not Kerr \_\_\_\_\_
  
- The student has attended regular tutorials either before or after school with the teacher of the advanced course in which he or she is presently enrolled in an effort to improve his or her grade.
  - Name of Current Teacher \_\_\_\_\_
  - Dates and Times of Tutorials Attended \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- The student has regularly used PRIDE time or lunch to seek assistance in order to succeed in the advanced course in which he or she is presently enrolled.
  - Dates and Times and Name of Assisting Teacher \_\_\_\_\_  
\_\_\_\_\_
  
- The student has been enrolled in a Pre-AP study hall, and he or she has been making use of that time in order to attempt to improve his or her grade in the advanced course in which he or she is enrolled.
  - Name of Study Hall Teacher \_\_\_\_\_
  
- The student has been dedicating regular time at home studying and preparing for the advanced course.
  - Parent's Confirmation Signature \_\_\_\_\_
  
- The student and the student's parents have held a conference, by phone or in person, with the teacher of the advanced course to determine the best course of action for the student to be successful.
  - Date and time of teacher-parent-student conference \_\_\_\_\_

**PLEASE SUBMIT THIS COMPLETED SCHEDULE CHANGE REQUEST FORM TO THE STUDENT SERVICES CENTER, LOCATED NEAR THE FRONT ENTRANCE TO THE SIXTH GRADE BUILDING.**

**OFFICE USE ONLY:**

Request received: \_\_\_\_\_ (date)      Counselor notified: \_\_\_\_\_ (date)      New schedule provided to student: \_\_\_\_\_ (date)

Schedule Change Request: APPROVED \_\_\_\_\_

Schedule Change Request: NOT APPROVED \_\_\_\_\_

- Does not meet criteria
- Does not fit into schedule
- Class closed / above capacity