



Lovejoy High School

Mrs. Johnson - 9th (A-L)
Dr. Roberts - 9th (M-Z)
Dr. Davenport - 10th Grade
Ms. Baynes - 11th Grade
Dr. Alexander - 12th Grade

Counseling Department Schedule Change Form

Date: _____ Student Name _____ Email _____

Grade: _____ Counselor Name: _____

Course(s) to be Dropped: _____ Period: _____

_____ Period: _____

_____ Period: _____

Course(s) to be Added: _____

Reason for Change(s). Place a \checkmark mark below:

() Error or omission (Wrong course on schedule or incomplete schedule), () Core academic course request (course needed for graduation), () Level change (change to or from AP, high honors, honors, academic), () Elective request.

Other: _____

Contact: (if parent is completing form):

Parent Name: _____

Home: _____ Office: _____ Cell: _____ Email: _____

Parent Signature: _____

Counselor: Schedule change approved _____ Schedule change denied _____

COUNSELOR COMMENTS ON REAR