

**Roxboro Community School
Request for Student Schedule Change**

Student's Name: _____

Current Grade: _____

Today's Date: _____

Schedule Change

<u>Class/Course Originally Selected</u> (please indicate)	CP/H/AP	<u>New Class/Course</u> (please indicate)	CP/H/AP
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*Please list iSchool, NCVPS or PCC if applicable

1. _____

2. _____

3. _____

Reason for request:

*Request does NOT guarantee a schedule change

***Required Signatures:**

*Parent: _____

*Student: _____

Teacher for Subject or Course: _____

(if applicable)

***This form must be turned in to Mrs. Kimbrough or Mr. Bettendorf
by May 21, 2010**

Administrative Use Only: (initial/date) to be signed once form is turned in

*Counselor: _____

*Principal: _____

_____ New schedule updated in NCWISE