



STAPLES HIGH SCHOOL
70 North Avenue, Westport, Connecticut 06880

Guidance Department

Phone: (203) 341-1225

Fax: (203) 341-1235

2021-22 Course/Schedule Change Request Form

In order to request a course/schedule change after the designated registration window has passed, this form must be completed in its entirety.

Requests will only be considered if there is legitimate educational rationale and/or an individual extenuating circumstance. Changes are also dependent upon space availability and achieving balanced class sizes. *Turning in this form does not guarantee that a change will be made.*

If you feel your request meets the above criteria, email your completed form to shsguidance@westportps.org with the subject of the email "Course/Schedule Change Request Form – Your Last name, First Name."

The Guidance Office will notify you whether your request is approved or denied through school email prior to the start of the 2021-22 school year.

Student Name: _____ **Grade (in 2021-22):** _____ **Counselor:** _____

1. Indicate your course/schedule change request by checking **ONE** of the choices below:

- Add a course in place of a free period (*check here only if you are not also requesting to drop a different course*)
- Drop a course to take a free period (*check here only if you are not also requesting to add a different course*)
- Level change within a course (*previous teacher recommendation required to move up; no overrides accepted*)
- Change from one course to another (*acceptable reasons include: successful completion of an approved summer acceleration course; adjustment due to failure of a course/loss of credit; correction of a scheduling error made by the school; and necessary change to meet a Staples graduation requirement or specific, documented college or post-secondary institution's requirements (e.g., NCAA, UK, California state university)*)

2. Describe in detail the reason(s) for your request. You must include the course(s) you are requesting to add, drop, or change, specific educational rationale, and any individual extenuating circumstances to support your request. Course placement will be based on space availability; requests for specific teachers or periods cannot be accommodated.

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

For Office Use Only

Counselor Signature: _____

Date: _____

Counselor Notes:

Approved: ____ Denied: ____

Administrator Signature:
