



St. Luke's Episcopal School
Request for Schedule Change

In order for schedule requests to be considered, this form must be filled out completely and returned to the Academic Dean's Office in Student Services by the end of the first week of school. Schedule requests will be granted ONLY for legitimate academic reasons and if class sizes allow for the change.

Date _____ Email _____

Name _____ Grade _____

Class to Drop _____

Class to Add _____

My reason for requesting this change is: _____

Student signature _____

Parent signature _____

You will be notified as soon as possible regarding the approval or denial of your schedule request. Until you receive notification that this request has/has not been approved, continue with your current schedule.

FOR OFFICE USE ONLY

Date Received _____ Approved _____ Denied _____