



## Warwick High School Schedule Change Request Form

**Completed request form must be submitted to the WHS Counseling Office within 3 school days of the start of any new course.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I am requesting the following elective changes be made to my child's schedule.

Add: \_\_\_\_\_ Delete: \_\_\_\_\_

Add: \_\_\_\_\_ Delete: \_\_\_\_\_

Add: \_\_\_\_\_ Delete: \_\_\_\_\_

Add: \_\_\_\_\_ Delete: \_\_\_\_\_

**\*\*Note:** Requests for online courses on this form will not be considered unless you are already a current Warwick Virtual Academy student. If you are not currently enrolled in an online course, please schedule an appointment with your counselor and parent/guardian no later than the end of the 3-day course drop/add window each semester.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information (phone/email) \_\_\_\_\_

Date Received: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Requested Change Made:

- ☐ Yes
- ☐ No (reason) \_\_\_\_\_

\_\_\_\_\_