



Warwick High School Schedule Change Request Form

Completed request form must be submitted to the WHS Counseling Office within 7 school days of the start of each semester.

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: _____

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Contact Information (phone/email) _____

Date Received: _____

Counselor Signature: _____

Requested Change Made:

- Yes
- No (reason) _____
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