



Metamora Township High School  
 101 W. Madison  
 Metamora, Il 61548  
 (309) 367-4151  
 Fax (309) 367-4351



Ron Bachman  
*Guidance Director*

Malinda Brown  
*School Counselor*

Garry Finch  
*School Counselor*

**Student-Initiated Schedule Change**

**\* The signing of this form does not guarantee that the changes will be made**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Request to drop the following course: \_\_\_\_\_

Request to add the following course: \_\_\_\_\_

Explain why you are requesting to make a course change:

\_\_\_\_\_  
 \_\_\_\_\_

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Teacher signature of proposed dropped course** \_\_\_\_\_  
 (After school has started)

- Agree
- I **do not** recommend this, but understand that there may be other variables involved.

\_\_\_\_\_  
 \_\_\_\_\_

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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 Guidance Only

- Supplies/classroom textbooks returned to Guidance
- Special Education Students **only** IEP consulted with case manager
- Original to Student File    Copy To Student    Copy To Student IEP file