

Fred T. Korematsu Middle School  
2015-2016

Class Change Request

Date \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Student Number \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Every effort has been made to ensure that you have the needed classes you selected. We regret that we cannot visit with you individually. We will do what we can to accommodate your requests. Please fill out this form completely.

- Please review your schedule carefully
- Class changes will only be considered if there is room available
- Fill in desired changes and reason in the matrix below
- Return Class Request form to the counseling office  
(Many classes are full and will not be available)

	Current Schedule		Requested Schedule
Period 1		Period 1	
Period 2		Period 2	
Period 3		Period 3	
Period 4		Period 4	
Period 5		Period 5	
Period 6		Period 6	
Period 7		Period 7	

Reason for Change (required):

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**\*This does not guarantee that your requested change will be made. Due to class availability, classes being full, and promotion requirements, etc.**

**Student Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

Return Class Request form to the Counseling Office