Rivera Middle School Schedule Change Appeal Form

Step 1_____ _____
Student Name Grade

Step 2 Please allow my son/daughter to drop _____

for the following reason(s): _____

_____
(You may write on back if you need more room)

Step 3 Before a Schedule change will be considered-Parent/ Teacher conference must be held to address the concern Date of Conference_____

Step 4 Check all that apply:
____Student has had an individual conference with teacher regarding concern/issue
____Student has attended additional tutoring with teacher
____Student does not have excessive absences or tardy
____Student has made very effort to complete assignments
____Parent has emailed teacher regarding concern
____Parent has met with counselor regarding concern/issue
___ Parent has sat in on class with student (24 hours teacher notification required)
____Other_____

I understand that if a schedule change is approved, my child's current grade will be transferred to the new class.

Step 5 _____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

RETURN TO MAIN OFFICE

Approved If approved, new schedule will be provided to student.

Denied Reason(s): (highlight one)

Has not had a conference with the teacher
Classes are full
Not a valid reason for change
Past the deadline for Schedule change
Unable to change schedule due to class restrictions
Other:_____

_____ _____
Administrator Signature Date

Window to submit for 1st Semester: October 2rd-10th, 2017
Window to submit for 2nd Semester: January 8th-17th, 2018