

Saint Anthony's High School
Office of Scheduling, Rm 124
 275 Wolf Hill Road
 South Huntington, NY 11747

Schedule Change Request

Student's Name: _____ **Student ID#:** _____

Home Room: _____ **Date:** _____

Directions: *Make all requests on this form! One Form per student. All requests for Course Changes must be submitted by March 8, 2017. A final Course Selection Sheet which contains all the core courses that the student will be scheduled to take for the 2017/2018 school year will be made available to the students in Home Room on*

ADD	DROP
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March 15th, 2017. No phone calls please. Please direct all communications to scheduling@stanthonyshs.org.

Course #:	Course Title:	Course #:	Course Title:

Reason for Change:

Comments:

- Missing the Courses I requested

- Changed my Mind About My Course Selection

Student's Signature:

Parent's Signature:

*Please return completed form to the Scheduling Office located in Room 124 by
March 8, 2017.*