

Saint Anthony's High School  
Office of Scheduling, Rm 124

**2019-2020 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 13<sup>th</sup>, 2019**. A final Course Selection Sheet which contains all the core courses that the student will be scheduled to take for the 2019/2020 school year will be made available to the students via the Student Portal. No phone calls please. Please direct all communications to [scheduling@stanthonyshs.org](mailto:scheduling@stanthonyshs.org).*

ADD		DROP		Chair/Teacher Approval
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 13th 2019.***