

**Fernandina Beach High School
Schedule Change Request Form
2019-2020**

Student Name _____ **Grade** _____

Student Phone Number/Email Address _____

Parent Phone Number/Email Address: _____

The FBHS master schedule has been prepared based on State and District requirements and student requests from the spring registration process. Due to requirements beyond the control of FBHS, flexibility in the master schedule to accommodate schedule changes is limited. At times, conflicts do occur. The guidance counselors and administration will try to accommodate a schedule change for one of the following reasons:

- _____ Senior needing to meet a graduation requirement
- _____ Student scheduled for less than six classes
- _____ Student scheduled for a class for which he/she has already received credit
- _____ Student scheduled for a class for which the prerequisite course has not been completed (An example would be a student who is scheduled for Spanish 2 who has not completed Spanish 1)
- _____ Student has a medical documentation that excludes him/her from participation in the course

****If the request violates the Florida Class Size Amendment, the schedule WILL NOT BE CHANGED**

Specify Change Requested

DROP: _____

ADD: _____

Explain fully the reasons for the change request: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Counselor Comments:

Counselor Signature _____

Administrator Approval: () approved () not approved

Administrator Signature _____