



BLOOMINGDALE HIGH SCHOOL
SCHEDULE CHANGE REQUEST FORM

****Conflicts and errors will be handled through this form. Please email completed form to your counselor.****

Student Name: _____

Student Number: _____

Date of Request: _____

*COURSE(S) TO BE DROPPED:

*COURSE(S) TO BE ADDED:

*REASON FOR CHANGE

___ Already earned credit for _____

___ Course needed for graduation _____

___ Other (please explain issue)

Schedule corrections for errors, conflicts, or duplicate periods will be handled through this form. Options are extremely limited and submitting a schedule change form DOES NOT guarantee a schedule change will be made. A change in the schedule could mean the ENTIRE SCHEDULE and TEACHERS are changed/rearranged. Changes due to schedule "preferences" may not be accommodated. Elective changes should not be listed on this form.

Elective changes will take place in the media center during lunches on the following dates:

Seniors – Thursday, 8/12 Juniors – Friday, 8/13 Sophomores – Monday, 8/16 Freshmen – Tuesday, 8/17

Changes may not be granted for:

-Teacher Preference

-Lunch Period

-Time of Day

-Closed Classes

Parent/Guardian Signature

Student Signature

Completed forms should be emailed to your counselor based on your last name:

A-De – Romina.meachern@hcps.net

Mi-Ros – Amanda.raschke@hcps.net

Dfi-H – Benita.holmes@hcps.net

Rot-Z – Jennifer.young@hcps.net

I-Me – Joseph.martino@hcps.net