

CANTON HIGH SCHOOL
Change of Course Placement
Request Form

This form is to be completed by students/parents who wish to (check one or both as applicable):

___ change an elective course.

___ change the level of a course as recommended by the student's teacher on the course selection sheet.

Student Name: _____

Course(s) to be Dropped (Crs # & Name): _____

Course(s) Requested: (Crs # & Name): _____

Rationale for Request: _____

Please attach additional sheets/information as needed.

A student & parent signature below indicate that the student and parent have read the requirements of the course requested and understand that a request to move the student later to a different course may not be possible or may cause major changes to the student's overall schedule.

Student Signature: _____

Parent Signature: _____

Parent Phone: Home # _____ Work # _____

Parent Email: _____ Date: _____

This form must be completed and returned to the Canton High School Guidance Department by April 13th. If mailed, the postmark must be on or before April 13th.