

Oquirrh Hills Middle School
Schedule Change Request Form

Student Name: _____ Grade: 7th 8th 9th Date: _____

*Students may **not** request a change in their schedule for lunch or to be with friends in a class*

Students write which class(s) you are requesting to change and explain the reason for your request:

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

Class change made <input type="checkbox"/>	Date: _____
Counselor Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Administrative Signature: _____	Date: _____

Revised 01/18 OHMS