

American Fork Junior High—Class Change Request

Name: _____ ID#: _____ Grade: _____ Date: _____

Parent Name: _____ Phone#: _____

Parent E-Mail: _____

Class Change Request:

Teacher Change Request:

Your request will be reviewed by a counselor and if necessary, by an administrator. There is no guarantee your request will be granted. Changes are made based upon available space in classes and other considerations. The student may be placed on a waiting list for the requested class. A counselor will contact you regarding the outcome of your request as soon as they are able. By signing below you agree that if a class change is made, a **\$5.00 class change fee** will be charged to your student's account.

Parent Signature: _____

Classes to Drop		Classes to Add	
Class	Teacher	Class	Teacher

Office Use Only

Counselor Approval	C N	Administration Approval		Skyward Update	Date
Finance Office	Payment Date	Receipt #		Cash Check Credit Card	

Reason for Change: *This must be completed before a class change will be considered.* If your request is for a teacher change, please provide specific information rather than general information or hearsay. This feedback will be given to the administration to improve the teaching and learning in the classroom.
