PEACHTREE ACADEMY
Fall 2017 Schedule Change Request

Schedule changes will only be considered for the following reasons:

1. Did not receive a course required for graduation.
2. Enrolled in a course you have already completed and received credit.
3. Enrolled in a course for which you have not met the prerequisite.
4. Do not have a full schedule of 7 classes.
5. Received a course you did not request as an original or alternate during registration. Requested course must be recorded on “Course Request” form.
6. Wish to take a course that is now available that was not previously offered during preregistration.
7. Want to move up a level in a core class (English, Math, Social Studies, and/or Science).

Procedures for Requesting a Change

Students may begin making Schedule Change Requests beginning July 10, 2017. A student may not drop a course and add a new course after the first five days of a class.

1. Email form to lparsons@peachtreeacademy.com or fax the form to 678-212-6079. Counselor/Registrar will not be available to see students and/or parents who walk in with schedule change forms as forms are processed in the order in which they are received.
2. Request will be reviewed and if it meets the criteria for a schedule change and if there is room in another class that works in your schedule, the change will be made.
3. Students will receive their new schedule or a response indicating why their schedule could not be changed.

Schedule changes will be made according to space available in classes. Making a schedule change for one class may result in changing the rest of your schedule.

Note: All requests will be considered and reviewed by principals and counselors. Be aware that we may not be able to honor requests due to full classes.

Name: ____________________________________________ Grade: ____________
Phone: ___________________________ Email: ______________________________

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<tr>
<th>Drop Course</th>
<th>Add Course</th>
<th>Alternate Choice</th>
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Indicate reason for request:

Parent Signature: ______________________________ Date: ________________
Student Signature: ______________________________ Date: ________________

FOR OFFICE USE ONLY

Counselor Signature: __________________________ Date: ____________
Scheduler Signature: _________________________ Date: ____________