

Palo Alto High School Change to Course Requests

This request will not be processed without all the necessary signatures. Know that changes may affect your entire schedule. Please return to the Guidance Office to check the status of your request.

Student Name: _____ Grade: _____ TA: _____

Course(s) to drop: _____ Course(s) to add: _____

_____	_____
_____	_____
_____	_____
_____	_____

Reason for change: _____

1. Parent Signature: _____ Date: _____

2. Current Teacher Signature: _____ Date: _____
(return textbook)

3. IS Signature _____ Date: _____
(needed for lane changes only)

4. TA Approval: _____ Date: _____

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