

# East Rochester Grades 6-8 Schedule Change Request 2018-2019



Name: \_\_\_\_\_ Grade: \_\_\_\_\_

<u>Course(s) to Change From:</u>	<u>Period/Cycle Days:</u>

<u>Course(s) to Change To:</u>	<u>Period/Cycle Days:</u>

**Reason:** \_\_\_\_\_  
\_\_\_\_\_

**Teacher Signatures:** \_\_\_\_\_  
\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Mr. Cafalone/Mr. van Harsseel Signature:** \_\_\_\_\_

**Notes:**

- All parts must be filled out completely
- A new schedule will be given to you when the changes start