



Student Name \_\_\_\_\_

## Request for Schedule Change 2025-2026 School Year

If \_\_\_\_\_ you have reviewed your student's class schedule, either through Campus or through communication with the HOPE Academy staff, and you would like to request a change in your student's class schedule, please fill out this form.

This form is to be completed by registration day of this school year. Schedule change requests will be reviewed and approved based on the needs of each student.

\_\_\_\_\_  
Student Name Class Period

\_\_\_\_\_  
Name of class to be changed

\_\_\_\_\_  
Name of requested class

Reason for request of schedule change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Administrator Signature (if approved) Date

