



Metamora Township High School
 101 W. Madison
 Metamora, Il 61548
 (309) 367-4151
 Fax (309) 367-4351



Ron Bachman
Guidance Director

Malinda Brown
School Counselor

Garry Finch
School Counselor

Student-Initiated Schedule Change

*** The signing of this form does not guarantee that the changes will be made**

Name _____ Grade _____

Request to drop the following course: _____

Request to add the following course: _____

Explain why you are requesting to make a course change:

Student signature _____ **Date** _____

Teacher signature of proposed dropped course _____
 (After school has started)

Agree

I **do not** recommend this, but understand that there may be other variables involved.

Parent signature _____ **Date** _____

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 Guidance Only

Supplies/classroom textbooks returned to Guidance

Special Education Students **only** IEP consulted with case manager

Original to Student File Copy To Student Copy To Student IEP file