



EXCELSIOR SPRINGS
MIDDLE SCHOOL
Learners Today, Leaders Tomorrow

Chris Hubbuch, *Principal*
 Keelie Stucker, *Assistant Principal*
 Gail Bush, *Counselor (A-K)*
 Bob Mason, *Counselor (L-Z)*
 Jeanne Williams, *Registrar*

701 Crown Hill Road ▪ Excelsior Springs, MO 64024 ▪ 816-630-9230 ▪ 816-630-9236 (FAX) ▪ ms.essd40.com

2013-14 Schedule Change Request

All schedule change requests must be approved through the Counseling Center and/or administration. Only requests such as the following will be considered for approval: incorrectly placed in the wrong level of a course, incorrectly placed in the wrong grade level class, scheduled for the same elective twice, missing a course, etc.

All requests for schedule changes will be accepted until **Friday, August 23rd**. Decisions will be made and schedules changed by **Thursday, August 29th**. Any changes necessary due to academic or behavioral concerns will be made by administration on an ongoing basis throughout the school year.

Students: *Please complete the requested information and return it to the Counseling Center for review. Only fully completed requests will be considered. Once a decision has been made, you will be notified.*

Student Name: _____ **Grade:** _____ **Date:** _____

Course requesting to drop: _____

Course requesting to add: _____

Brief explanation/rationale of request: _____

Parent/Guardian signature	Comments*	Date
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Teacher signature (drop course)	Comments*	Date
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Teacher signature (add course)	Comments*	Date
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*Continue comments on back if necessary

Counselor decision: Approved Denied **Initial Here:** _____

Reason for decision: _____

Administrator decision: Approved Denied **Initial Here:** _____

Reason for decision: _____