



TOCOI CREEK HIGH SCHOOL

Schedule Change Petition Request

Student Name _____ ID number _____ 24-25 Grade: _____

Seeking Recommendation for: _____, Requested Course to Drop: _____

Reason(s) for request: _____

I understand that by superseding my teacher's recommendation that I will remain in the approved course until the end of the quarter for a semester course and the end of the semester for a year long course.

Teacher Feedback is Required for All Petitions

Original Teacher Recommendation: _____

Teacher feedback on student's requested course: _____

_____ (teacher signature) _____ (date)

Counselor Feedback: _____

Additional Information:

Grades/Test Scores: _____ Sem 1 _____ Q3 _____ Q4 _____ FSA Read _____ Alg 1 EOC

Plans: _____ MTSS _____ 504 _____ IEP _____ ELL

Is this course a graduation requirement for a senior? _____ YES _____ NO

- Admin Approved
- Admin Denied

Administrative signature _____