



### Bishop Kelley Schedule Change Form

My son/daughter \_\_\_\_\_ (please print) in the  
\_\_\_9th \_\_\_10th \_\_\_11th \_\_\_12th grade has my permission to make a schedule change.

<b>CHANGE(S) REQUESTED</b>	
<b>This section must be complete and a parent must sign below before any changes to the student's schedule can be considered.</b>	
<b>If possible please drop:</b> Course name and Credit Value (print clearly)	<b>If possible please add:</b> Course name and Credit Value (print clearly)
_____	_____
_____	_____
_____	_____
_____	_____

I understand that a \$20.00 fee will be assessed per class change.  
*For example, one class change = \$20.00, two class changes = \$40.00, etc.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

\*Phone number(s) are needed so that you can be reached if there are any questions or concerns regarding the schedule change.

**For Office Use Only:**

**Schedule Change Fee(s):** \_\_\_\$20 \_\_\_\$40 \_\_\_\$60 \_\_\_\$80    **Total Due: \$** \_\_\_\_\_

Payment Received \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Textbook Issued: \_\_\_Yes \_\_\_No    Textbook returned: \_\_\_Yes \_\_\_No \_\_\_N/A

Counselor making schedule change: \_\_\_\_\_ Date \_\_\_\_\_