



# Clearbrook-Gonvick High School Schedule Changes

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Schedule changes are to be completed during the first week of a semester or as determined by administration. Be sure to obtain all necessary initials and signatures.

Hour	Drop Course+Teacher Initials	Hour	Add Course+Teacher Initials	
1.	_____	1.	_____	S1 S2 YR
2.	_____	2.	_____	S1 S2 YR
3.	_____	3.	_____	S1 S2 YR
4.	_____	4.	_____	S1 S2 YR
5.	_____	5.	_____	S1 S2 YR
6.	_____	6.	_____	S1 S2 YR
7.	_____	7.	_____	S1 S2 YR

**Signatures of persons consenting to changes (need all three)**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
School Counselor

\_\_\_\_\_  
Principal

**Office Only:**

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_