

CCHS SCHEDULE ADJUSTMENT FORM
2nd SEMESTER 2017-2018

Last Name _____ First Name _____ **ACADEMY COUNSELOR (Required)**

Grade Level _____ Phone # _____ Email _____ Present 1st Block Teacher _____

Student and Parent: Please accurately complete the schedule adjustment form. The more detailed information you provide, the faster your request will be processed. Return your completed form to the Guidance Office. Students will be notified if requests are denied. **Signatures are required.**

Questions? Email your counselor, go to link: http://wildcat.camden.k12.ga.us/guidance_home and click on counselor's name.

NO TEACHER REQUESTS

Detailed explanation as to why class(es) needs to be changed. Lack of explanation may result in denial. Use back of form if needed.

Class to **drop:** _____ Class to **drop:** _____

Class to **add:** 1st Choice _____ Class to **add** 1st Choice: _____

2nd Choice _____ 2nd Choice: _____

3rd Choice _____ 3rd Choice: _____

Student Signature: _____ Cell # or Email: _____

Parent Signature: _____ Date: _____

DEADLINE: NOVEMBER 28TH, 2017

NO REQUESTS WILL BE ACCEPTED AFTER THIS DATE!

RETURN THIS FORM TO BOX OUTSIDE OF GUIDANCE OFFICE

Academy Counselors:

Health & Environmental Science: **Keisha Walker**
Engineering Architecture & Industrial: **Rob Fenstermaker**
Business: **Valerie Brumbelow**

Government & Public Service: **Tara Carter**
Fine Arts: **Margaret Wallace**
Freshmen Academy: **Mandy Scott (Boys)**
Dana Linzy (Girls)

Office use only: _____ Approved _____ Denied _____ Initials _____ Date _____

Reason for Denial: _____ Request not valid _____ Other: _____