



Change Request Form

Student _____ Date _____
Last name First name ID #

For available electives and the typical four-year plan, visit
www.bobjonesacademy.net.

Course(es) to **Drop** _____

Course(es) to **Add** _____

Other Comments _____

Parent Signature: _____

Student Signature: _____

If a student's schedule allows, the change will be processed on a first-come basis. *Requests by parents or students asking for a specific teacher will not be honored.*

Change requests can be made at no charge through May 14. From May 15 through June 28, course change requests incur a \$5 fee. From June 29 through July 19, change requests incur a \$15 fee. From July 20 through July 31, there will be a \$25 fee. Changes made to a student's schedule beginning August 1 will be made for administrative purposes only. Actual student schedules are created late in the summer.



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