

MARPLE NEWTOWN SENIOR HIGH SCHOOL

Counseling Department
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REQUEST FOR A SCHEDULE CHANGE

Note: If a change is approved, all grades will trail from one course to another. If a course is dropped altogether, a WP (withdrawn, passing) or WF (withdrawn, failing) will appear on the student’s permanent record and report card if a final grade cannot be calculated.

Student Supplied Information

- Your Name _____ Your Grade _____
- Your Student Number _____ Your Counselor _____
- Current Course Name _____
- Current Course Number _____
- Proposed Course Name _____
- Proposed Course Number _____
- What is your reason for requesting this change?

- What have you done to succeed in this class?

- Student Signature _____ Date _____

Parent Supplied Information

- Describe your contacts with your son/daughter’s teacher. _____

- Explain why you believe this requested change would or would not be in your child’s best interest. _____

- Parent Signature _____ Date _____

After completing the student and parent sections, give this form to your teacher. (over)

Teacher Supplied Information

- What is the student's current grade? _____
- Describe your contact with the student's parent. _____

- Has the student attended help class regularly? _____
- Comments _____

- Teacher Signature _____ Date _____

After completing the teacher section, give this form to the counselor.

Counselor Supplied Information

- Comments _____

- How will this affect the student's schedule? _____

- Counselor Signature _____ Date _____

Assistant Principal Information (Signature of Grade Level Assistant Principal required)

- Comments _____

 - Asst. Principal's Signature _____ Date _____
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Principal's Decision

_____ approve _____ deny _____ request conference

- Comments _____

- Principal's Signature _____ Date _____

Retain in student file

