



Parent Request for Elective Change

This form is used by parents requesting their student's elective be changed. **Please read ALL sections below before signing the document.**

BACKGROUND INFORMATION:

Our goal is to develop a master schedule that allows students to be placed in the appropriate core classes (Language Arts, Math, Social Studies, and Science) based upon their academic needs and at the same time participating in one of their top five elective choices. We pride ourselves on making this happen for the majority of our students.

There are a variety of reasons why a student may not receive one of their top five elective choices:

- There may be a conflict between the core class and the elective class (e.g., the student must be placed in a GATE Cluster Language Arts section and is requesting an elective that is only offered once a day. Unfortunately both courses are only available during the same period).
- The student chose an elective that requires a prerequisite (e.g., the student chose Advanced Band but has not taken Beginning Band).
- The elective class may be full.

FACTORS PARENTS MUST CONSIDER BEFORE SIGNING THIS DOCUMENT:

Please be aware of the following:

1. Our top priority is to insure your child is scheduled into the appropriate core classes. We will not make elective schedule changes that will not allow us to meet your student's core academic needs.
2. Due to the block structure in the master schedule at Dana, counselors may need to change an entire schedule (including core teachers) when making an elective change. This frequently occurs when a parent is requesting their child be scheduled into an elective that is not offered during the same period as their current elective. **BY SIGNING THIS DOCUMENT, YOU AGREE TO SUPPORT A COMPLETE SCHEDULE CHANGE IF NECESSARY.**
3. Most classes are currently full and therefore do not offer flexibility in adding students. In order to make elective changes, counselors monitor the list of no-shows dropped during the first two weeks and analyze the list of change requests in an attempt to identify patterns and open seats. This task takes two weeks. **Therefore no schedule changes will occur until after the second week of school.**
4. **All changes will be made before Friday, September 16.** Counselors will contact parents via email only if the change cannot be made. Parents who do not have access to email will receive a phone call.

Please tear off the bottom portion of this document and turn it into the main office to be time-stamped.

Parent Request for Elective Change

Student Name	_____	Parent Name & Email	_____
Grade Level	_____	What is the reason for the request?	_____
What is your current elective? Was this elective one of your five choices?	_____	Which elective are you requesting?	

Parent Signature & Date: _____

Time-stamp goes here