



SAN GABRIEL ACADEMY SCHEDULE CHANGE REQUEST FORM

8827 E. Broadway. San Gabriel, CA 91776 (626) 292-1156 www.sangabrielacademy.org

Rotation changes are not permitted. (i.e. 1st to 4th period English, etc.)

If you would like to request a schedule change, please fill out the form below for all periods that are affected by the requested change(s). You MUST obtain the required signatures and submit the form to the Registrar's Office for approval. You will receive a copy of the new schedule when the changes have been approved and recorded. If you have the approval of the Registrar, you may begin attending your new classes.

STUDENT		
Last Name	First Name	Date of Request: / /

DROP CLASS(ES)
1st Period:
Teacher Signature:
2nd Period:
Teacher Signature:
3rd Period:
Teacher Signature:
4th Period:
Teacher Signature:
5th Period:
Teacher Signature:
6th Period:
Teacher Signature:
7th Period:
Teacher Signature:
Other:
Teacher Signature:

ADD CLASS(ES)
1st Period:
Teacher Signature:
2nd Period:
Teacher Signature:
3rd Period:
Teacher Signature:
4th Period:
Teacher Signature:
5th Period:
Teacher Signature:
6th Period:
Teacher Signature:
7th Period:
Teacher Signature:
Other:
Teacher Signature:

_____ Student Signature

_____ / /
Date

_____ Legal Guardian Signature

_____ / /
Date

_____ Registrar Signature

_____ / /
Date