



BLOOMINGDALE HIGH SCHOOL
SCHEDULE CHANGE REQUEST FORM

****All schedule changes will be handled through this form. Please email completed form to your counselor.****

Student Name: _____

Student Number: _____

Date of Request: _____

*COURSE(S) TO BE DROPPED:

*COURSE(S) TO BE ADDED:

*REASON FOR CHANGE

___ Already earned credit for _____

___ Course needed for graduation _____

___ Other (please explain issue)

Schedule corrections will be handled through this form. Options are extremely limited and submitting a schedule change form DOES NOT guarantee a schedule change will be made. A change in the schedule could mean the ENTIRE SCHEDULE and TEACHERS are changed/rearranged. Changes due to schedule "preferences" may not be accommodated.

****Electives offered through eLearning are limited and may not be available****

Changes may not be granted for:

-Teacher Preference

-Lunch Period

-Time of Day

-Closed Classes

Parent/Guardian Signature

Student Signature

Completed forms should be emailed to your counselor based on your last name:

A-De – Romina.meachern@sdhc.k12.fl.us

Mi-Ros – Amanda.raschke@sdhc.k12.fl.us

Di-H – Benita.holmes@sdhc.k12.fl.us

Rot-Z – Jennifer.young@sdhc.k12.fl.us

I-Me – Joseph.martino@sdhc.k12.fl.us