



SCHEDULE CHANGE PROCEDURES 2018-2019

Level Changes:

A change in the level of a specific subject may only be made after thorough discussion is held with the student, parent/guardian, counselor, teacher, and curriculum chairperson/supervisor. The level change must be approved by a parent/guardian and an administrator. There will be three time periods during which a student may change a level. Each of these periods carries with it different procedures for calculating the first marking period grade. The time periods and grade calculations are listed below.

| Dates | Changes Permitted | Transcript Notation | Grade Calculation for 1 st Marking Period |
|-------------|---------------------------|---------------------|---|
| 9/12–9/17 | Move Up/ Drop in level | None | Grade = 100% from new course. Moving up a level: Student will make up all missing work including summer assignments by October 1, 2018. Dropping down a level: Student will make up all missing work with the exception of summer assignments. |
| 10/10–10/15 | Drop in level only | None | Grade = 50% from original course and 50% from new course. |
| 11/12–11/15 | Drop in level only | “WP” or “WF” | Grade = 100% from original course. |

During the first schedule change window, should a level change result in the loss of an elective course, a student will be permitted to replace the original elective selection based upon enrollment. No additional schedule changes will be made to accommodate the elective selection.

Please note: Seniors with schedule changes after their transcripts have been sent to colleges are responsible for notifying the colleges of the change and for having an updated transcript mailed to each college.

Dropping a Course:

The request to drop a course should only occur after much thought and consultation have taken place. Students must make an appointment with their counselor if they are contemplating dropping a course. Students requesting to drop a course from their schedule must submit a Schedule Change Form to their counselor. On this form, the reason for requesting the change must be stated. It is the responsibility of the student to acquire all of the signatures necessary to process a change, including a parent/guardian, counselor, teacher, and department chairperson/supervisor. All requests will be reviewed by the classroom teacher, department chairperson/supervisor, counselor, and an assistant principal before rendering a decision. During the first schedule change window, a dropped course can only be replaced with a Study Hall, School Service, or an elective having available seats during the same period. During the second and third schedule change windows, a dropped course can only be replaced with a Study Hall or School Service. Every attempt will be made to add a second semester course in order to maintain no more than one full-year Study Hall in a student’s schedule. Students must be registered for a minimum of 35 credits.

A student may drop a full-year course prior to the end of the first marking period, or prior to the end of the third marking period for a second semester course. If a student drops a course during the first or second schedule change windows, no notation will be recorded on the permanent record. Dropping a course during the third schedule change window will result in a grade of “WP” or “WF” on the student’s permanent record.

LIVINGSTON HIGH SCHOOL SCHOOL COUNSELING DEPARTMENT

Schedule Change Form

Name: _____ Grade: _____ Date: _____

Counselor: _____ Student ID: _____

Class to Drop: _____

Class to Add: _____

Reason for Change: _____

Student Signature

Parent/Guardian Signature

Counselor will discuss the reason(s) for the student/parent request and the feasibility of making the change prior to issuing form and initiating the schedule change. Please note: Grades of "WP" and "WF" eliminate the potential for earning a place on the honor roll.

Student **MUST** follow the original schedule during the processing of this request. Any student who does not report to his/her regularly scheduled classes will be considered truant.

Recommend for Approval

| | Signature | Yes | No | Date | WP/WF (11/12-11/15) |
|-------------------------|------------------|-------|-------|-------|------------------------|
| Teacher: | _____ | _____ | _____ | _____ | |
| Department Supervisor: | _____ | _____ | _____ | _____ | |
| School Counselor/CST: | _____ | _____ | _____ | _____ | |
| Spreadsheet Entry Date: | _____ | | | | |
| Assistant Principal: | _____ | | | _____ | |
| | Bronawyn O'Leary | | | | |