

ELECTIVE CLASSCHANGE REQUEST FORM

Semester 2, 2018-19, Due January 11, 2019

Date _____

Student's Full Name _____ Grade: 6 7 8

DESIRED CHANGES:

Class to Drop: _____ Period: _____

Class to Add: _____ Period: _____

Reason for desired change _____

SECOND SEMESTER ELECTIVE CHOICES (for change request):

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
Art	N/A	X	X	X	X	X
Cadet Band	N/A	N/A	N/A	X	N/A	N/A
Concert Band	N/A	N/A	N/A	N/A	X	X
Choir	X	N/A	X	N/A	N/A	N/A
Journalism	N/A	N/A	N/A	N/A	N/A	X
Media Arts	N/A	N/A	N/S	N/A	N/A	X
PE	X	X	X	X	X	X
Technology 1	N/A	X	N/A	X	X	N/A
Technology 2	X	N/A	N/A	N/A	N/A	X
Teacher Aide	X	X	X	X	X	X
Library Aide	X	X	X	X	X	X
Office Aide	X	N/A	X	N/A	X	X
Head Start Teacher Aide	X	N/A	N/A	N/A	N/A	N/A

- x PE & Health: One semester required for everyone, no waivers granted
- x Cadet & Concert Band: Semester classes, but multiple class periods
- x Teacher, Library, Office Aide: Requires signature from staff, see below
- x Technology 1: One semester required for all 6 graders
- x Head Start Teacher Aide: Work with children in the Head Start program at Stephens Creek Crossing. Period 1 only, parent provides transportation. Contact Mr. Jeans jeans@pps.net if interested.

Staff Signature for Aide required _____

Parent's Signature required _____

Turn this form in to the basket on the main office counter by Fri day, January 11, 2019.