Olentangy Berlin High School
Schedule REQUEST Change Form

This form is to be used to request a change to your REQUESTS for next year. Turn this form back into your Berlin School Counselor. You need to turn in a form for every change request.

Student Last Name: ___________________________ Student First Name: ___________________________

Student ID number: ___________________________ Date: ___________________________

Request you would like to drop:

Request you would like to add:

Is this a change in a core class which needs a teacher recommendation? (circle one)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If so, teacher signature for recommendation: ___________________________

Parent Signature: ___________________________ Date: ___________________________

Student Signature: ___________________________ Date: ___________________________