



EL PASO INDEPENDENT  
SCHOOL DISTRICT

*Brown Middle School*

7820 Helen of Troy  
El Paso, TX 79912  
Phone (915) 774-4080  
Fax (915) 581-6424  
www.episd.org/brown

### SCHEDULE CHANGE REQUEST FORM

Students, please remember that this is only a request form. Check back with your Counselor in 1-2 days regarding the status of the request before/after school or during lunch - **NOT** during class.

We may not be able to grant your request, **SO YOU MUST FOLLOW YOUR CURRENT SCHEDULE.** Your request may be denied due to the course being full or scheduling conflicts. **Be aware that this may cause other changes in your schedule. This schedule change is permanent and changes back to your prior schedule will not be granted.** \_\_\_\_\_ Initials

**All grades to date will carry over to the new class.**

**Request to change electives does not require a conference. Teacher change requests will require a parent/teacher conference.**

\*\*\*\*\*

(Please Print)

Last Name	First Name	Grade	ID Number

**DROP**

**ADD**

**For all teacher changes a parent conference must be held.**

**DATE OF CONFERENCE:** \_\_\_\_\_

**REASON FOR SCHEDULE CHANGE REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

Student Signature	Parent Signature	Phone #
_____	_____	_____

\*\*\*\*\*

**Administrator Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request Approved:** \_\_\_\_\_ **Request Denied:** \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_