



Palmetto Middle School Schedule Change Request Form 2020 - 2021

Counselor: Ms. Arnold
earnold@dadeschools.net
Grade 6 (Last Names A-L) & Grade 7

Ms. Toledo
itoledo@dadeschools.net
Grade 6 (Last Names M-Z) & Grade 8

Student Name: _____ ID# _____

Parent Name: _____

Phone Number: _____

NOTE: **Schedule changes will not be granted due to teacher preference.**
If you received at least one of your electives chosen on your course selection card, you will not be given an elective change. Schedule change requests that affect class size mandates will also NOT BE GRANTED. It may require several period/class changes to accommodate a single request.

Please specify which period and class you would like changed and the reason you are requesting this change. **CHANGES WILL NOT BE MADE AFTER THE FIRST NINE WEEKS.**

Class: _____

Period: _____

Reason: _____

Student Signature _____

Parent Signature _____

Date: _____

**Please email this form to your School Counselor. Your counselor will contact you as soon as possible. You must continue your current schedule while your request is under review.*