



Ohio High School Athletic Association  
4080 Roselea Place, Columbus, Ohio 43214

**SUGGESTED SCHEDULE CHANGE FORM**

**ATTENTION PARENTS AND STUDENTS**

1. All schedule change forms must be submitted by the end of the day on \_\_\_\_\_
2. No classes can be added after \_\_\_\_\_
3. Dropping a class after \_\_\_\_\_ will result in an "F" for that class.
4. You shall have a minimum of **FIVE (5) academic classes** each semester. **THIS DOES NOT INCLUDE PHYSICAL EDUCATION.**
5. This form must be signed by your parent and teacher prior to meeting with your counselor to drop a class.
6. You are expected to attend the classes on your original schedule until the official drop is completed by your counselor. If you drop a course, it is your responsibility to return your books to the teacher or you will be charged for the book.
7. Please note that academic fees may be adjusted because of your schedule change(s). You may receive a refund, or you may receive an additional invoice.

**STUDENT NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**COURSE TO BE DROPPED**

Course No.	Course Title	Teacher Signature	Text/Materials Returned
_____	_____	_____	_____
_____	_____	_____	_____

**COURSE TO BE ADDED**

Course No.	Course Title	Teacher Signature	Text/Materials Returned
_____	_____	_____	_____
_____	_____	_____	_____

**ATHLETE ALERT: BEFORE SIGNING THIS FORM, PLEASE NOTE THAT ATHLETIC ELIGIBILITY REQUIRES A PASSING GRADE IN FIVE ONE-CREDIT COURSES EACH GRADING PERIOD. THIS DOES NOT INCLUDE PHYSICAL EDUCATION. BY SIGNING, YOU ARE INDICATING THAT YOU UNDERSTAND THIS REQUIREMENT.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Counselor Notes**

**Date of Official Drop** \_\_\_\_\_

**Counselor Signature** \_\_\_\_\_

**Schedule Change to** \_\_\_\_\_ **Refund** \_\_\_\_\_ **Additional Fee** \_\_\_\_\_