



**OXFORD HIGH SCHOOL SCHEDULE ERROR NOTIFICATION FORM**



NOTE: All Schedule Errors must be communicated by the end of the 3<sup>rd</sup> day the class meets.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Email is required for students to be notified of changes

**PLEASE INDICATE YOUR SCHEDULE'S ERROR:**

I have an incomplete schedule (e.g. no class is listed for 2<sup>nd</sup> hour).  
Which hour \_\_\_ and which class is missing from your schedule? \_\_\_\_\_

I have two classes scheduled for the same hour.  
Which hour are you double booked? \_\_\_\_\_

I am enrolled in a class that I have already successfully completed.  
What is the name of that class? \_\_\_\_\_

I am enrolled in a class for which I have not met the prerequisites.  
What is the name of that class? \_\_\_\_\_

\*  I have medical documentation that prevents me from taking an assigned course.  
What is the name of that class? \_\_\_\_\_ (Please attach a COPY of the documentation).

\*  I would like to take a more challenging class than what I am currently scheduled for.  
(e.g. Essentials of Chemistry would be replaced with Chemistry).  
If there is room, I would like to replace \_\_\_\_\_ with \_\_\_\_\_

\*  I have yet to take a class required for graduation and this is my last opportunity to take it.  
What required class do you still need to take? \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\* Denotes items requiring a Parent Signature before form will be processed.

**STUDENTS MUST ATTEND ORIGINAL CLASSES UNTIL INFORMED THAT A CHANGE HAS BEEN MADE. FAILURE TO DO SO WILL RESULT IN TRUANCIES AND POSSIBLE LOSS OF CREDIT.**

FOR OFFICE USE ONLY

Committee Decision:  Approved  Not Approved

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date