

*Eastwood High School*  
*Course Selection Verification/Change Request Form*

Please verify your student's course selection for the 2019-2020 School Year. If changes are needed, please fill out the form below. Please sign and return this form no later than **Friday March 1, 2019** to your **Curricular Enrichment/Advisory Teacher**. Thank you.

Scheduled Course	Course Requested	Parent Initials

Reason for Change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Schedule Changes will not be made during registration. Please submit all course change requests on this form to your school counselor, no later than Friday March 1, 2019. Thank you

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date