



Ms. Gonzalez: A-C & ESOL  
Mr. Jeanty: D-M  
Ms. Bartoli: N-Z  
Ms. Dixon: Graduation Coach/CAP

**SOUTHRIDGE SENIOR HIGH SCHOOL  
COUNSELOR REQUEST FORM**

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ ID NUMBER \_\_\_\_\_  
PRINT NAME (LAST, FIRST)

**CIRCLE ONE OF THE FOLLOWING OPTIONS:**

- SCHEDULE CHANGE REQUEST (Must fill out the schedule information below)
- ACT/SAT/COLLEGE/FINANCIAL AID INFORMATION
- Conflict with another student
- Personal, School or Family Problem
- Academic Concerns

| PERIOD | COURSE TO BE CHANGED | NEW COURSE REQUESTED | REASON |
|--------|----------------------|----------------------|--------|
| 1      |                      |                      |        |
| 2      |                      |                      |        |
| 3      |                      |                      |        |
| 4      |                      |                      |        |
| 5      |                      |                      |        |
| 6      |                      |                      |        |
| 7      |                      |                      |        |
| 8      |                      |                      |        |

Any additional information regarding this request:

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