



AK PARK HIGH SCHOOL
Department of Special Education - Class Schedule Change

Student's Name: _____

Grade: _____

Case Manager: _____

Date of Authorizing
 IEP Meeting: _____

Date Change To
 Be In Effect: _____

Period	Classes to Drop		Classes to Add	
	Class	Teacher	Class	Teacher
0				
1				
2				
3				
4				
5				
6				
8				

Parent's Signature _____ Date _____

Case Manager's Signature _____ Date _____

Counselor's Signature _____ Date _____

Administrator's Signature _____ Date _____

Registrar's Initials (<i>on entry</i>) _____ Date _____
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