



Grand Oaks High School Course Request Change

Course Request Change Deadline: APRIL 17, 2020

Date: ____/____/____

Last Name: _____ First Name: _____ ID#: _____

Circle Next Year's Grade Level: 9 10 11 12

Change from Course:	Change to Course:

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

CISD Student & Parent Agreement for Enrollment in Advanced Courses (located on the back of this form) must be signed for any course changes from Level to Honors, AP or DC.

Office Use Only	Receive Date: / /
____ Approved ____ Not Approved Counselor: _____	
Reason Not Approved:	

