**OHIO HIGH SCHOOL ATHLETIC ASSOCIATION**
4080 Roselea Place, Columbus, Ohio 43214

**SUGGESTED SCHEDULE CHANGE FORM**

**ATTENTION PARENTS AND STUDENTS**

1. All schedule change forms must be submitted by the end of the day on ________________
2. No classes can be added after ________________
3. Dropping a class after ________________ will result in an “F” for that class.
4. You shall have a minimum of **FIVE (5) academic classes** each grading period. **THIS DOES NOT INCLUDE PHYSICAL EDUCATION.**
5. This form must be signed by your parent and teacher prior to meeting with your counselor to drop a class.
6. You are expected to attend the classes on your original schedule until the official drop is completed by your counselor. If you drop a course, it is your responsibility to return your books to the teacher or you will be charged for the book.
7. Please note that academic fees may be adjusted because of your schedule change(s). You may receive a refund, or you may receive an additional invoice.

**8. Note: These policies apply to all courses taken off campus including College Credit Plus courses. The student has the ultimate obligation to inform the school of any change in the schedule.**

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**STUDENT NAME _______________________________________________ GRADE _______________**

**COURSE TO BE DROPPED**

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<tr>
<th>Course No.</th>
<th>Course Title</th>
<th>Teacher Signature</th>
<th>Text/Materials Returned</th>
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**COURSE TO BE ADDED**

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**ATHLETE ALERT: BEFORE SIGNING THIS FORM, PLEASE NOTE THAT ATHLETIC ELIGIBILITY REQUIRES A PASSING GRADE IN FIVE ONE-CREDIT COURSES OR THE EQUIVALENT (FIVE CLASSES IN GRADES 7-8) EACH GRADING PERIOD. THIS DOES NOT INCLUDE PHYSICAL EDUCATION. BY SIGNING, YOU ARE INDICATING THAT YOU UNDERSTAND THIS REQUIREMENT.**

Parent Signature _____________________________________________ Date ____________

Student Signature _____________________________________________ Date ____________

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**Counselor Notes**

Date of Official Drop _______________

Counselor Signature ____________________________________________

Schedule Change to _______________ Refund __________ Additional Fee __________