

**LIBERTY PARK MIDDLE SCHOOL  
Schedule Change Request**

**THIS FORM MUST BE RETURNED TO THE MAIN OFFICE BY JUNE 5, 2017**

**Student Name** \_\_\_\_\_

**Grade Level in 2017-18** \_\_\_\_\_

**REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_



**// Approved**

**// Not Approved**

**Date:**

**Administrator:** \_\_\_\_\_