[School Name]
Department Request Form

Student Information
Full Name: _____
Student ID: _____
Grade Level: _____

Department Requested
☐ Mathematics
☐ Science
☐ English / Language Arts
☐ Social Studies
☐ Fine Arts
☐ Physical Education
☐ Technology / CTE
☐ Other: _____

Request Type
☐ Schedule Change
☐ Tutoring Support
☐ Course Information
☐ Academic Concern
☐ Other: _____

Details of Request
(Please explain your request clearly)

Preferred Contact Method
☐ Email
☐ Phone

Email: _____
Phone: _____

Signature
Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only
Date Received: _____
Reviewed By: _____
Status: ☐ Approved ☐ Denied ☐ Pending

Comments:
