

8

Copper Mountain Middle School Transfer  
Request for 8<sup>th</sup> Graders

Parents and Students:

We will try to accommodate the changes requested; however, some classes may be closed, as they are full. Please be aware that a request to change a single class may lead to additional changes to the schedule (including lunch). Once a schedule is changed, it is very likely impossible to get back the old schedule. **\*Elective class changes are the only changes that will be made\***

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_

Class you would like to drop: \_\_\_\_\_  
Class you would like to add: \_\_\_\_\_

The following classes require a teacher's signature to be accepted into the class:

- |   |  |
|---|--|
| <input type="checkbox"/> Orchestra II _____         | <input type="checkbox"/> Band 1 Percussion _____ |
| <input type="checkbox"/> Chamber Orchestra _____    | <input type="checkbox"/> Concert Choir _____     |
| <input type="checkbox"/> Symphonic Band _____       | <input type="checkbox"/> Concert Band _____      |
| <input type="checkbox"/> Intermediate Theatre _____ | <input type="checkbox"/> Dance 2 _____           |
| <input type="checkbox"/> Advanced Dance _____       | <input type="checkbox"/> Drawing 1 _____         |
| <input type="checkbox"/> Painting 1 _____           | <input type="checkbox"/> Choir 2 _____           |

Briefly indicate why this change is in the best interest of the student:

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of teacher you are dropping (if you are dropping a year long course): \_\_\_\_\_ Date: \_\_\_\_\_

*FOR OFFICE USE ONLY:*  
Reason change was not made: \_\_\_\_\_