

# KALAMALKA SECONDARY SCHOOL

7900 McCLOUNIE ROAD • VERNON BC V1B 1P8

PHONE (250) 545-1396

[www.sd22.bc.ca/kalamalka](http://www.sd22.bc.ca/kalamalka)

FAX (250) 545-7394



## Student Schedule CHANGE Request Form

Your grade for September : \_\_\_\_\_

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

Email address: \_\_\_\_\_

**Briefly describe the problem with your timetable:** (you are limited to 500 characters)

I am requesting a change for the following reason(s):

- |   |  |
|---|--|
| <input type="checkbox"/> Incomplete timetable | <input type="checkbox"/> Missing course to graduate                |
| <input type="checkbox"/> Duplicate course     | <input type="checkbox"/> Missing course for Post-Secondary program |

### Add these course(s)

### Drop these course(s)

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

## OR

If you prefer, you can try and create your own schedule  
using the master timetable posted on the Kal Secondary Website  
Semester 1 Semester 2

A. \_\_\_\_\_

A. \_\_\_\_\_

B. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

D. \_\_\_\_\_

*I understand that if I did not previously request a course, I will be programmed only if there is space available. I also understand that I am to continue with my present schedule until I receive a new one.*

**Please SAVE this form and ATTACH it  
in an email to your counsellor**

*[lknight@sd22.bc.ca](mailto:lknight@sd22.bc.ca) or [bmohr@sd22.bc.ca](mailto:bmohr@sd22.bc.ca)*

**STAFF ONLY**

*Action/ Comments:*

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