

Virtual Period Change Request Form

Innovation Academy 23-24 School Year

Student ID Number _____

Last Name _____ First Name _____

Grade Level for 23-24 School Year _____

Circle Counselor:

Jones	Lindsay	Wiley	Moran
A – E	F – L	M – R	S – Z

What period are you requesting to have your virtual period? _____

Provide a detailed explanation of the reason for this change: _____

Attached documentation to this form (schedule, confirmation of being on team or in organization, coach or supervisor letter)

I understand that this request may not be possible due to the classes I have scheduled. I certify that the documentation attached here is truthful and accurate.

Student Signature

Parent Signature

As the coach, supervisor, or staff member listed in the documentation or reasoning, I certify that this student is a part of my team, organization, or schedule.

Coach, Supervisor, or Staff Signature

Contact Information

***Office Use Only**

Date Office Received: _____ Approve _____ Deny _____ Lundy Initials _____

Date and Initials of Counselor Received _____ Date of Email Sent to Student and Parent: _____