

West Chester Area School District

WEST CHESTER B. REED HENDERSON HIGH SCHOOL  
400 Montgomery Avenue  
West Chester, Pennsylvania 19380-4493

Principal  
Dr. Jason P. Sherlock

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## SCHEDULING ERROR FORM

For information about schedule change procedures, please refer to the WCASD course selection guide, which can be found on our district homepage. Each spring, students and families have three opportunities to verify course requests for the upcoming school year. The last opportunity to make course change requests (which included level changes and elective changes) was March 28, 2018. **Once the school year begins, students may request a level change after September 20, 2018.**

This scheduling error form should be completed and submitted to the Counseling Office to correct any of the following errors:

- Clerical errors (e.g. English 9 instead of English 10)
- Too few credits for your grade
  - 9<sup>th</sup> Grade – 6.0 credits
  - 10<sup>th</sup> Grade – 6.0 credits
  - 11<sup>th</sup> Grade – 6.4 credits
  - 12<sup>th</sup> Grade – 5.4 credits
- A student did not pass a sequential course (scheduled for English 11 after failing English 10)
- Lunch was requested but not scheduled
- Omission of a graduation requirement course (e.g. American History)

In order to resolve scheduling conflicts quickly, please return this completed form to your School Counselor. Counselor caseloads and contact information are list below:

Elizabeth Bender (A-Cr)	email: <a href="mailto:ebenderQ@wcasd.net">ebenderQ@wcasd.net</a>	phone: 484-266-3311
Dr. Korey Bell (Cu-Hog)	email: <a href="mailto:kbell1@wcasd.net">kbell1@wcasd.net</a>	phone: 484-266-3403
Morgan Gamble (Hoh-Mc)	email: <a href="mailto:mgamble@wcasd.net">mgamble@wcasd.net</a>	phone: 484-266-3409
Kathy Teague (Me-Sal)	email: <a href="mailto:kteague@wcasd.net">kteague@wcasd.net</a>	phone: 484-266-3410
Becky Singer (Sam-Z)	email: <a href="mailto:rsinger@wcasd.net">rsinger@wcasd.net</a>	phone: 484-266-3404

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Check all that apply:  Clerical  Too few credits  Sequential course failure  Lunch

**REQUESTED RESOLUTION:**

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

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_