

GAREY HIGH SCHOOL
"Request To See Counselor"

Date: _____ Name: _____ Grade: _____ ID#: _____

MUST CIRCLE YOUR COUNSELOR:

Mrs. Glavak
A - Gomez

Mrs. Robinson
Gonzales - Ortega

Mrs. Sanchez
Ortiz - Z

Reason for request is (circle all that apply):

Grad Check

Adult School Referral

Letter of Recommendation

Grades

Transcripts

Credits

Mt. Soc Referral

Need Counselor Signature

Personal

Change repeated class

Other reason not stated or
comments: _____

If you are repeating a class on your schedule and do not need it, please list THREE classes you would like to take:

1. _____ 2. _____ 3. _____

Classes will NOT be changed if request is for the following reasons:

- ✦ You want to have the class with your friends
- ✦ You don't want the class a certain period
- ✦ YOU DONT LIKE THE TEACHER.