

STUDY HALL REASSIGNMENT

1. Complete this form.
2. Show the completed form to your current study hall teacher.
3. Return the signed form to Ms. VanDenHeuvel in Student Services.

Student Name: _____
(Please print)

Hour: _____ Trimester _____
1st 2nd 3rd Year

Name of Current Study Hall Teacher: _____
(Please print)

This portion needs to be completed by the new study hall teacher.

_____ *I will be responsible for attendance.*

_____ *This student will be my responsibility for the entire hour.*

New study hall teacher's signature above _____
Date

New study hall teacher PRINTS name above

Student's signature above _____
Date