

MARTHA'S VINEYARD PUBLIC SCHOOLS

LANE CHANGE REQUEST #1

NAME: _____ DATE: _____

SCHOOL: _____ HOME PHONE# _____

Dear Superintendent of Schools:

*I am requesting a lane change from _____ to _____, in
September, 20____. All courses will be completed by September 1, 20____.*

I am informing you of this change in advance for budgetary purposes.

Cordially,

Teacher Signature

I UNDERSTAND THAT IN ORDER FOR ME TO CHANGE LANES:

- 1) This form must be filed with ***Katelyn Holway*** in the Superintendent's Office, before October 1st of the **current** school year to change lanes the **following** school year.
- 2) After I complete the necessary courses and receive my official transcripts, I will complete the "Lane Change Request #2" form. This is a summary page totaling my credits received. I will also attach **OFFICIAL TRANSCRIPTS** to this second form.
- 3) If I wish to access my personnel file, I must notify the Superintendent's Office 24 hours in advance.
- 4) If, for whatever reason, I do not fulfill the requirements for changing lanes for the school year I have requested, I will notify Bernadette to cancel my lane change request. If I want to try again for the following year, I will file this form again by the appropriate deadline.

DATE RECEIVED BY SUPERINTENDENT'S OFFICE