

STUDENT REQUEST TO CHANGE A SUBJECT COURSE

Student's Name: _____ **Homeroom** _____

Course to be discontinued:

Please indicate in the space below the reason why you wish to change or discontinue from this course.

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Please obtain the following signatures for this discontinuation of your current course:

Subject Teacher: _____ KLA LOL: _____

New Course to be entered:

Please obtain the following signatures for permission to enter your new course:

Subject Teacher: _____ KLA LOL: _____

N.B. If senior students are not entering a new course, they are to attend study.

Please obtain the following signatures before any changes to course are permitted:

Parent's Signature: _____ **Date:** _____
 I am aware that my child has requested a change of course.

Stage Leader of Learning Signature: _____ **Date:** _____

Approval Given: AP/Head of Learning: _____ **Date:** _____

Students must show this COMPLETED form to the subject teacher whose class you are leaving and return the form to Administration and Compliance Officer via the School Office.

Office Use Only

Changed on Edval (Print Both the Current and then the New Timetable and attach them to this form):

By: _____ *Dated:* _____

If applicable for Year 10-12 change to be made on NESAs for subjects:

By: _____ *Dated:* _____