

APPLICATION TO CHANGE SUBJECT

Year 10

Family Name:		Preferred First Name:		Connect Class:	
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STUDENT TO COORDINATE THE COMPLETION OF SECTIONS 1 THROUGH TO 3.

STEP 1: PROPOSED SUBJECT CHANGE

<i>Subject Currently Enrolled in</i>	<i>Teacher's Name</i>	<i>Latest Reported Result/s</i>	<i>Request to Change Subject to</i>	<i>HOD Signature - Approval to Leave Subject</i>	<i>HOD Signature - Approval to Enter New Subject</i>

☐ I understand that changing this subject may mean subsequent changes to my other classes (e.g. different teacher, different time) to accommodate this change. (Tick if 'YES')

Tick reason for subject change:

- ☐ Subject is not required for my career choices
☐ Subject is too difficult, and I need to make this change
☐ I have commenced a university or TAFE course or have started a School-Based Apprenticeship/Traineeship
☐ Other _____

STEP 2: PARENT APPROVAL

I support my child's request for this subject change ☐ Yes ☐ No

Note: changing subjects may affect subject fees – enquire at Office

Parent Name: _____ Parent Signature: _____ Date: _____

Please ensure you take into consideration the following before submitting form:

- *Submitting this form does not guarantee the approval of these changes. Subject changes are not approved until students receive a new timetable.*
- Subject change **forms can be submitted within the first 2 weeks and last 2 weeks of each term** unless approved by a GO. No subject changes will occur outside these times unless approved by a GO. This is to ensure that you are able to complete units of work and to ensure you do not enter another subject at a point where you cannot be graded on your work.
- **Forms received outside of these times will not be actioned, and you will be required to resubmit your form in the timeframes outlined above.**

Please Turn Over

STEP 3: STUDENT SUBMITS CHANGE OF SUBJECT FORM TO MAIN ADMINISTRATION – STUDENT RECEPTION

Guidance Officer (optional)

Students may wish to see a Guidance Officer to discuss subject/career/tertiary options.

Guidance Officer Comments

Name: _____ Signature: _____ Date: _____

Deputy Principal

APPROVED & PROCESSED ☐ Yes ☐ No

Name: _____ Signature: _____ Date: _____

STEP 4: Office Use Only

SM Data Change Processed by: _____ Date: _____

Accounts Processed by: _____ Date: _____