

APPLICATION TO CHANGE SUBJECT

Years 7, 8 or 9

Family Name:		Preferred First Name:		Connect Class:	
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**STUDENT TO COORDINATE THE COMPLETION OF SECTIONS 1 THROUGH TO 5.
(ONE SUBJECT PER FORM)**

STEP 1: PROPOSED SUBJECT CHANGE

Subject Currently Enrolled in	Teacher's Name	Latest Reported Result/s	Request to Change Subject to	Timetable Period for requested change (Sem 1 or Sem 2)

Student's reason for subject change

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: _____

*Submitting this form does not guarantee the approval of these changes.
Subject changes are not approved until the student receives a new timetable.*

STEP 3: HEAD OF DEPARTMENT OF PROPOSED NEW SUBJECT

Checked class availability Yes No

APPROVED Yes No *(If no, form to be given to Year Level Deputy for filing)*

HOD Name: _____ HOD Signature: _____ Date: _____

STEP 4: HEAD OF DEPARTMENT OF DISCONTINUED SUBJECT

Level of achievement _____

APPROVED Yes No *(If no, form to be given to Year Level Deputy for filing)*

HOD Name: _____ HOD Signature: _____ Date: _____

Please Turn Over

STEP 5: STUDENT SUBMITS CHANGE OF SUBJECT FORM TO ADMINISTRATION FOR CHECKING BY DEPUTY PRINCIPAL

Deputy Principal

Changes made to both Semester 1 and Semester 2 lines (if required. i.e.: year-long elective chosen, PoE or other 'B' subject chosen)

APPROVED and PROCESSED

Comments:

Name: _____ Signature: _____ Date: _____

STEP 6: OFFICE USE ONLY

Accounts

Processed by: _____ Date: _____