

**MIDDLE AND SENIOR SCHOOL CHANGE OF ELECTIVE REQUEST FORM**  
**2009/2010**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Course currently enrolled in: \_\_\_\_\_

Course you wish to change to: \_\_\_\_\_  
*(If available, did you refer to the schedule to make sure this course will fit into your timetable?)*

Reason for change: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Assistant Head, Academics (Mrs. Ablett)

Date: \_\_\_\_\_

\_\_\_\_\_  
\* Teacher signature (current elective)

\_\_\_\_\_  
\* Teacher signature (new elective)

\* Before September 2, 2009, only the parent signature is required. After school has started, teacher signatures are required as well. Please have all required signatures **before** returning the form to the Office or your request may be delayed.

*Completion of this form does not guarantee entry into a course. You will receive confirmation of change of elective when you receive your new timetable. You will need to present this new timetable to the new teacher to be allowed entry into that course.*

**All change of elective requests must be made before Friday, September 18, 2009**

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for office use only

Change approved? YES / NO *(please circle)*

Comments/Instructions:

Change made in PCR \_\_\_\_\_

New timetable printed \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_