



YEAR 9 REQUEST FOR CHANGE OF ELECTIVE

Name of Student: _____

Year/Class: _____

Parent's Signature: _____

Date: _____

SEMESTER 1

Group 1	Group 2
Business Education	Chinese
Home Economics	Digital Technology
Industrial Technology	Industrial Technology
Music	Hospitality
Visual Art	Drama

SEMESTER 2

Group 1	Group 2
Business Education	Digital Technology
Home Economics	Drama
Industrial Technology	Hospitality
	Industrial Technology

Proposed Change:

Semester: ____ Group: ____ From: _____ To: _____

1. Current teacher's comment: _____

2. Prospective teacher's comment: _____

3. Decision: Approved Denied Deferred Appointment Required

Head of Teaching and Learning: _____

Date: _____

Please note: you will be notified of the outcome via your school email account. Until approval is received, you must remain in your current class.

For Office Use Only

- Parents' Written Approval Received
- Approval of Head of Teaching and Learning
- Email Notifications: Exit teacher
Entrant Teacher
Student
- College Computer records adjusted
- College Accounts Department notified
- SLIMS updated
- Stationery/Equipment Returned