



YEAR 10 REQUEST FOR CHANGE OF ELECTIVE

Name of Student: _____

Year/Class: _____

Parent's Signature: _____

Date: _____

YEAR 10 SUBJECT LINES

GROUP A	GROUP B	GROUP C	GROUP D
English	Mathematical Methods	Specialist Mathematics	Furnishing
Essential English	General Mathematics	Music	Fashion
	Essential Mathematics	Digital Solutions	Chemistry
		General Science	Legal Studies
		Business	Hospitality Practices
		Biology	General Science (offline)
		ICT	
		Psychology	

GROUP E	GROUP F	ALTERNATE PATHWAYS
Geography	Chinese	Traineeship
Physics	Engineering	External Study
Drama	Modern History	Work Experience
Hosp. Practices	Visual Art	
General Science (offline)	Biology	
Physical Education	Pre-Cert III in Fitness	
	General Science (offline)	

PROPOSED CHANGE: from _____ to _____

1. Careers Development Officer/Student Services Coordinator comments:

2. Current teacher's comment:

3. Prospective teacher's comment:

4. 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