



YEAR 8 REQUEST FOR CHANGE OF ELECTIVE SUBJECT

Name of Student: _____

Year/Class: _____

Parent's Signature: _____

Date: _____

SEMESTER 1

BLOCK A	BLOCK B
Art	Art
Drama	Food & Textiles
Food & Textiles	Digital Technology
Industrial Technology	Industrial Technology
Music	

SEMESTER 2

BLOCK A	BLOCK B
Art	Art
Drama	Food & Textiles
Food & Textiles	Digital Technology
Industrial Technology	Industrial Technology
Music	Chinese

Proposed Change:

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

- Careers Development Officer/Student Services Coordinator comments: _____

- Current teacher's comment: _____

- Prospective teacher's comment (**required**): _____

- 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