



## YEAR 9 REQUEST FOR CHANGE OF ELECTIVE SUBJECT

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

Year/Class: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

### SEMESTER 1

BLOCK A	BLOCK B
Art	Drama
Business	Digital Technology
Food and Textiles	Hospitality
Industrial Technology	Chinese
	Industrial Technology

### SEMESTER 2

BLOCK A	BLOCK B
Art	Drama
Business	Digital Technology
Food and Textiles	Hospitality
Industrial Technology	Industrial Technology
Music	

### 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