



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 |
| Music | 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