

SUBJECT SELECTION CHANGE FORM

FULL NAME:

DATE:

CAREGROUP TEACHER:

YEAR LEVEL:

PROPOSED SUBJECT CHANGES

Change 1

OUT OF	TEACHER NAME	TEACHER SIGNATURE	PARENT SIGNATURE
INTO	TEACHER NAME	TEACHER SIGNATURE	

Change 2

OUT OF	TEACHER NAME	TEACHER SIGNATURE	PARENT SIGNATURE
INTO	TEACHER NAME	TEACHER SIGNATURE	

Change 3

OUT OF	TEACHER NAME	TEACHER SIGNATURE	PARENT SIGNATURE
INTO	TEACHER NAME	TEACHER SIGNATURE	

Reason(s) For Change:

Checklist to be completed with House Coordinators:

1. SACE Pattern still fulfilled. Yes or No (please circle)
2. Has University entrance been changed? Yes or No If so,
.....

House Coordinator signature:

Once Completed - hand form to Mr Lyons

OFFICE USE only: (students do not write in this box)

Change Completed: (Timetable) (Accelerus)

Datex Updated (Year 11/12 Only): (SACE coordinator)

Accepted: (Head of Secondary Campus)