

CLASS CHANGE REQUEST FORM 2015

SURNAME

FIRST NAME

YEAR

ORIGINAL CLASS (ie: 8 Y)

PROPOSED CLASS (Where applicable)

REASON FOR CLASS CHANGE:

PARENT SIGNATURE

STUDENT SIGNATURE

YEAR ADVISOR
SIGNATURE

HEAD TEACHER
WELFARE

DEPUTY PRINCIPAL
SIGNATURE

APPROVED

NOTES:

YES

NO

HEAD TEACHER ADMIN SIGNATURE

DATE of CHANGE

PLEASE NOTE:

Class changes are subject to space in prospective class and through consultation with the relevant Year Advisor, Head Teacher Welfare and Deputy Principal.