

**2020-2021 Course Change Request Form**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Parent Cell #:** \_\_\_\_\_

**Students must submit a fully completed form, including a parent signature and a clear explanation for the requested change.** Your request will only be considered if the reason for the course change is one of the priorities listed below.

Course change priorities:

- Graduation requirement
- Post-secondary requirement
- Grade level programming
- Streaming change/teacher recommendation
- Balanced quarters
- First come, first served

**Please check the box that applies to this requested course change.**

**Please Remove:**

\_\_\_\_\_

**Please Add:**

\_\_\_\_\_

**If requesting option: (list in order of preference):**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Reason for change request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student signature:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

**Counsellor signature:** \_\_\_\_\_

<b>Counsellor Notes</b>	Date _____	<b>Date submitted:</b> _____
<input type="checkbox"/> Contact home <input type="checkbox"/> Log Entries		<b>No:</b> _____

