



TO BE COMPLETED BY STUDENT

Name:		Year Level:	
Date of request:			
Parental consent received:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Signed:
Present elective subjects:	1.		
	2.		
	3.		
Club:			

Change from:	Change to:
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TO BE COMPLETED BY STAFF

Teachers approval (change from):
Teachers approval (change to):
Deputy Principal – Studies approval:

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Office use only		
TASS updated	Signature:	Date: