APPLICATION FOR CHANGE OF STUDY PATTERN FOR STAGE 5 (9/10).

Please ensure this form is accurately completed and signed before you submit it.

Name:_____**H/R:**_____**DATE** _____

I would like to make the following changes to my Pattern of Study because:

_____

_____

_____

Specific Change will be from:

Subject	Class	Teacher	KLA Approved-signed by LoL

To:

Subject	Class	Teacher	KLA Approved-signed by LoL

_____ _____

Parent/guardian signature Student signature

Your request has been:

☐ Approved: You can commence the new timetable when you receive a copy of your timetable in Home Room. It is very important that you are present in all your classes until that time.

☐ Declined: Reason: _____

_____

Curriculum Coordinator

Office uses only do not complete:

Application	Actioned By:	Date
EDVAL		
Uploaded to COMPASS		
NESA		
FINANCE		