

MAGDALENE CATHOLIC HIGH SCHOOL

"Because I have Seen the Lord"

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APPLICATION FOR CHANGE OF STUDY PATTERN FOR STAGE 5 (Year 9 & 10)

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

Please return to the KLA Coordinator.

| Name: | | | H/R: Date: | | |
|---------------------|-------------------|------------------------|---------------------|------------------------------------|--|
| I would like to ma | ake the following | g changes to my Pat | tern of Study beca | iuse: | |
| | | | | | |
| Specific Change | will be from: | | | | |
| Subject | Class | Teacher | KLA App | KLA Approved-signed by Coordinator | |
| | | | | χ | |
| | | | 7 | | |
| To: Subject | Class | Teacher | KLA App | proved-signed by Coordinator | |
| Saojee | | | | | |
| | 1 | | | | |
| Your request ha | | | | | |
| | | | | ne timetable is updated. | |
| It is very importa | nt that you are p | resent in all your cla | sses until that tim | ne. | |
| Declined: R | leason: | | | | |
| | | | | | |
| | | | | | |
| Curriculum, Co-o | ordinator | | | | |
| Curriculum, Co-C | ordinator | | | | |
| Office uses only do | not complete: | | | | |
| | Acti | oned By: | | Date | |
| EDVAL | | | | | |
| SAS | | | | | |
| NESA | | | | | |
| Student File | 4 | | | | |
| Copy to Finance | | | | | |