



# MAGDALENE CATHOLIC HIGH SCHOOL

*“Because I have Seen the Lord”*

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ABN: 67 786 923 621

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

Please ensure this form is accurately completed and signed before you submit it. **Place completed form in marked tray in the Library.** Failure to do so will delay the change process.

Name: \_\_\_\_\_

H/R: \_\_\_\_\_

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

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### Specific Change will be from:

Subject	Class	Teacher	KLA Approved-signed by Coordinator

### To:

Subject	Class	Teacher	KLA Approved-signed by Coordinator

\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_  
Year Co-ordinator

\_\_\_\_\_  
Curriculum, Co-ordinator

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Office uses only do not complete:

Details updated and correct in:

Application	Actioned By:	Date
SAS		
TIME CHART		
BOS		
Finance		
EXCEL DATA SHEET		