



APPLICATION FOR CHANGE OF CLASS STAGE 6 (PRELIMINARY)

Please ensure this form is accurately completed and signed before you submit it.
Please return to the Leader of Learning.

Name: _____ **H/R:** _____ **Date:** _____

The following changes to classes have been made to better support your child's studies.

- This change **WILL** affect the Pattern of Study
- This change **WILL NOT** affect the Pattern of Study

Specific Change will be from:

Subject	Class	Teacher	KLA Approved-signed by LoL

To:

Subject	Class	Teacher	KLA Approved-signed by LoL

Please contact the Leader of Learning or your teacher with any questions.

Parent signature/ acknowledgement: _____ **Due Date:** _____

Curriculum Coordinator: _____ **Date:** _____

Office use only do not complete:

	Actioned By:	Date
EDVAL		
NESA		
Uploaded to student chronicle:		
Copy to Finance		