

# REQUEST FOR TIMETABLE CHANGE

Remember: All Grade 9 & 10 students must take 8 courses each year.



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY YOUR PARENT/GUARDIAN BEFORE A COUNSELLOR WILL MEET WITH YOU.**

**GUIDANCE COUNSELLORS**    **Ms. Lavell**                  **Mr. Taylor**                  **Mr. Forget**                  **Mr. Moffatt**    (**Circle your counsellor**)  
**A—FL**                                  **FO—L**                                  **M—RI**                                  **RO—Z**

Priority for timetable changes will be given as follows:

1. A student does not have a full timetable
2. A student did not pass a course and therefore does not have the pre-requisite to take another course (e.g. ENG2PI and ENG3CI)
3. Change of course level ( e.g. Applied to Academic or University to College)  
 \*\*\*Requests for a specific teacher **WILL NOT** be accommodated\*\*\*

**Please Note: Due to the potential of full classes and waitlists, course changes may not, in some cases, be possible.**

**STUDENTS MUST ATTEND CURRENT CLASSES UNTIL A COUNSELLOR CONTACTS YOU.**  
 (Students not in class will be moved to the bottom of the list)

<b>Course(s) to Drop/Change</b>	<b>Course(s) to Add</b>	
	<b>1<sup>st</sup> choice</b>	<b>2<sup>nd</sup> choice</b>
	<b>1<sup>st</sup> choice</b>	<b>2<sup>nd</sup> choice</b>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, have checked that I have all of my compulsory credits & pre-requisite courses.  
 (student: please print your name)

I, \_\_\_\_\_, have discussed these changes with my son/daughter and give my approval.  
 (parent: please print your name)

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Student Signature

**Resolved** Date: \_\_\_\_\_ Counsellor's Signature \_\_\_\_\_