



# ST BEDE'S CATHOLIC COLLEGE

## CHANGE OF ELECTIVE FORM

Student Name			
Date			
Homeroom		Homeroom Teacher	
Reason for Change			
Existing Course			
Existing Course Teacher Name and Comment			
Course Teacher Signature		Date	
Leader of Learning Signature		Date	

New Course			
New Course Teacher Name and Comment			
New Course Teacher Signature		Date	
Leader of Learning Signature		Date	

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY		
	Date	Signed
Date Received		
NESA Updated		
Confirmation of Entry		
Confirmation to Leaders of Learning		
Confirmation to Finance Officer		
Student issued with new timetable		

**PLEASE RETURN THIS FORM TO STUDENT SERVICES**