

ST. MARCELLINUS SECONDARY SCHOOL

**GUIDANCE
REQUEST FOR TIMETABLE CHANGE**

DATE: _____

STUDENT NAME: _____ GRADE: _____ 1st PERIOD TEACHER: _____

My parent(s)/guardian(s) and I have carefully considered teacher recommendations and my educational plans before completing my course selection sheet for this year.

I understand that changes are considered a serious matter, requiring careful consideration and will only be considered for sound educational reasons; therefore, a request of change may not be possible.

COURSE(S) TO DELETE:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

COURSE(S) TO ADD:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

REASON(S) FOR REQUEST:

PARENT/GUARDIAN SIGNATURE

STUDENT SIGNATURE

CHANGE MADE

YES _____

Date of Change: _____

NO _____

Reason: _____

Counsellor's Signature: _____