







SIR JOHN A. MACDONALD SECONDARY SCHOOL
PRE-STARTUP COURSE CHANGE REQUEST

Office Use Only

- You **MUST** bring this form with you on course change request day to meet with a counsellor.
- Please print clearly and complete ALL sections in detail. Forms that are incomplete or missing parent/guardian signature will not be processed. 1 form per student!
- IMPORTANT—requests to switch classes around in your schedule or change teachers will not be considered due to many full classes/timetable restrictions.
- This form may not be used to request changes into pre-AP/AP classes (application was required).

STUDENT NAME:		GRADE:
COUNSELLOR:		DATE:

REMOVE COURSE: (COURSE CODE/NAME)	SWITCH FOR:	ADD COURSE: (COURSE CODE/NAME)
		
		
		
		

REASON FOR COURSE CHANGE REQUEST(S):

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (if under 18): _____

HOME PHONE: _____

PARENT EMAIL: _____

DATE PROCESSED: _____ **BY:** _____ **WAITLISTED: Y / N**