

Parent Signature:

Student Signature:

Student Services Signature:

☐ Teachers emailed

For Office Use:

☐ Entered in Trillium

Student Name:	Date:
This form must be completed and returned to Student Services in order for the course change to become active.	
Course Deletion:	
Course Code:	Course Name:
Reason for Deletion: Level of Difficulty Change of Focus Other	Comments:
Teacher Name:	Teacher Signature:
Course Addition:	
Course Code:	Course Name:
Comments:	
Teacher Name:	Teacher Signature:

Date: _____

Date: _____

□ New schedule printed and filed