

## CHANGE OF YEAR GROUP / SUBJECT / SESSION FORM

Student's Name: \_\_\_\_\_ Year Group / Form: \_\_\_\_\_

Please complete section 1, 2 or 3.

**1. Change of Year Group**

From Year Group initially enrolled	To another Year Group
Reason for the transfer:	

**2. Change of Subject**

Please speak to subject teachers / Phase Leaders and Heads of School to obtain their approval. Once your request is complete with the relevant signatures, it must be submitted to Student Services. Please allow 2 – 3 working days for your request to be processed.

No.	Current Subject	Subject Teacher's Signature	New Subject	Subject Teacher's Signature	Reason(s)
1					

Phase Leader (name, signature, date) \_\_\_\_\_

**3. Change of Session**

Half-Day to Full-Day

Full-Day to Half-Day

Reason:

\_\_\_\_\_  
 Name and Signature of Parent / Guardian

\_\_\_\_\_  
 Date

Subject teacher / Phase Leader (name, signature, date) \_\_\_\_\_

**Head of School / Principal's Remarks**

Approved

Not Approved

Signature \_\_\_\_\_

Date \_\_\_\_\_