



STUDENT NAME:		TUTOR GROUP:	
SUBJECTS:		DATE:	

COURSE YOU WISH TO CHANGE:	
REASON:	
SUBJECT TEACHER:	
TEACHER COMMENT:	

COURSE YOU WISH TO TAKE UP:	
REASON:	
SUBJECT TEACHER:	
TEACHER COMMENT:	

STUDENT SIGNATURE:	
PARENT / CARER / GUARDIAN SIGNATURE:	
SIXTH FORM PROGRESS LEADER SIGNATURE:	

THIS FORM MUST BE RETURNED OR YOU WILL BE BILLED FOR EXAM ENTRIES.

FOR OFFICE USE ONLY	
Details have been emailed to:	
Mrs B. Hagerty / Mrs C. Gilbert	<input type="checkbox"/>
Mrs S. Webb	<input type="checkbox"/>
Miss J. Shipley	<input type="checkbox"/>
Mrs E. Van Male	<input type="checkbox"/>
Tutor	<input type="checkbox"/>
Subject Staff	<input type="checkbox"/>