ALBANY CREEK STATE HIGH SCHOOL
APPLICATION TO CHANGE SUBJECT
2026 - Year 10

FAMILY NAME		PREFERRED NAME		TEAM CLASS	

STUDENT TO COORDINATE THE COMPLETION OF SECTIONS 1 THROUGH TO 3

STEP 1: PROPOSED SUBJECT CHANGE

Subject Currently Enrolled in	Teacher's Name	Latest Reported Result/s	Request to Change Subject to	HOD Signature - Approval to Leave Subject	*HOD Signature - Approval to Enter New Subject*

☐ I understand that changing this subject may mean subsequent changes to my other classes (e.g. different teacher, different time) to accommodate this change. (Tick if 'YES')

Tick reason for subject change:

- ☐ Subject is not required for my career choices
- ☐ Subject is too difficult, and I need to make this change
- ☐ I have commenced a university or TAFE course or have started a School-Based Apprenticeship/Traineeship
- ☐ Other _____

STEP 2 : PARENT APPROVAL

I support my child's request for this subject change AND I understand that Years 11/12 subjects have pre-requisite

☐ **YES** ☐ **NO**

PARENT NAME		PARENT SIGNATURE		

Please ensure you take into consideration the following before submitting form:

- Submitting this form does not guarantee the approval of these changes. Subject changes are not approved until students receive a new timetable.
- Subject change forms can be submitted within the first 2 weeks and last 2 weeks of each term unless approved by a GO. No subject changes will occur outside these times unless approved by a GO. This is to ensure that you are able to complete units of work and to ensure you do not enter another subject at a point where you cannot be graded on your work.
- **Forms received outside of these times will not be actioned, and you will be required to resubmit your form in the timeframes outlined above.**

PLEASE TURN OVER

STEP 3: SUBMIT TO ADMINISTRATION						
	Guidance Officer (Optional) *Students may wish to see a Guidance Officer to discuss subject/career/tertiary options.*					
	Guidance Officer Comments:					
	Name:		Signature		Date	

DEPUTY PRINCIPAL SIGN OFF				
	Approved and Processed ☐ **YES** ☐ **NO**		Date	
	Deputy Name		Signature	

STEP 4: OFFICE USE ONLY					
	SM Data Change	Processed by:		Date	
	Accounts	Processed by:		Date	