



# École secondaire Oak Park High School

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www.pembinatrails.ca/oakpark

*École secondaire Oak Park High School provides a safe, inclusive, and engaging learning environment which nurtures exceptional character, and inspires excellence in academics, the arts, and athletics.*

*L'École secondaire Oak Park High School se consacre à fournir un environnement d'apprentissage sécuritaire, inclusif, et engageant qui favorise un caractère moral exceptionnel et de l'excellence dans l'académique, les arts, et l'athlétisme.*

## Request for Timetable Change

Please note that students must get signed parental permission for course changes unless they are 18 years of age.

**STUDENT NAME:** \_\_\_\_\_ **Grade Level:** 9 10 11 12 (please circle)

Changes will be considered for the following reasons:

- A course request wasn't filled
- A course is required for graduation or is a prerequisite for post-secondary
- There is space in a course where a student has a spare

**Priority is given to graduation requirements, grade-appropriate subject requests.**

Please **add** the following course(s) if at all possible. Please indicate the reason for wanting to add the course(s).

<u>Subject</u>	<u>Reason</u>
_____	_____
_____	_____

Please **delete** the following course(s). Please indicate the reason for wanting to delete the courses indicated.

<u>Subject</u>	<u>Reason</u>
_____	_____
_____	_____

I realize that I am responsible for ensuring that I am meeting my graduation requirements.

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have discussed the above changes with my child and I agree with these requests. I understand that these changes may not be possible due to: full sections, conflicts with other timetabled classes, lacking a proper pre-requisite, etc.

**Parent's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Students are reminded to bring this form with them to their appointment with their assigned Counsellor.**

Meeting Date: \_\_\_\_\_

Counsellor/Administrator recommendation/comment (if applicable):

Administrator/Counsellor Signature \_\_\_\_\_

Approved

Denied