

CHANGE IN STUDENT'S PROGRAM

TO THE PARENTS/GUARDIANS OF:			
SCHOOL NAME: MCKINNON PARK S	SECONDARY_	DATE: <u>July 2020</u>	
Your daughter/son has requested the following t	imetable change:		
DROP:	ADD:	Course(s)	
REASON:			
You should understand that this change will hav	e the following effect	(if applicable)	
GUIDANCE DEPARTMENT I have discussed with the student the consequence	ces of the requested ch	nange.	
Student's Signature	Co	Counsellor's Signature	
PARENT/GUARDIAN I approve this change	e		
Parent or Guardian Signature	Co	mment	
This form <i>must be received at the school</i> made. This procedure change is due to C this school year only. Forms can be submin to 91 Haddington St. Caledonia, ON I	OVID – 19 restrict nitted to <u>S-MCK@</u>	tions and is in effect for granderie.ca or mailed	