

Myron B. Thompson Academy

1040 Richards St., Ste # 220 Honolulu, Hawaii 96813 (808) 441-8000 (808) 683-7062 FAX www.ethompson.org Registrar's Office

PROGRAM CHANGE FORM

PROCEDURE:

- 1. The parent/guardian must submit the program change request to his/her child's counselor by the deadlines listed below. A signature by the parent/guardian is required.
- 2. The counselor will check the student's schedule and transcripts before signing the program change form.
- 3. Schedule changes will be made by the Registrar's Office.
- 4. Program changes must have the appropriate signatures before program changes are made.
- 5. This form will not be accepted from a student without a proper signature.

Name of Student:				Grade Leve	el:
Program chan	ge form must be submi	itted by the follo	wing dates:		
Quarter 1: Quarter 2: Quarter 3: Quarter 4:	August 5, 2022 October 14, 2022 January 6, 2023 March 24, 2023			ary 6, 2023	
I authorize the	following changes for m	y child:			···:
Dropping:		Term:	Dropping:		Term:
Adding:		Term:	Adding:		Term:
teacher's de administrati		_	school attendance or's decision swaiver		
☐ teacher's de ☐ administrati Parent Signatu	ecision ve decision ure:	counselo	or's decision s waiver	Date:	
☐ teacher's de ☐ administrati Parent Signatu	ecision ive decision	counselo	or's decision s waiver	Date:	
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☐ teacher's de ☐ administrati Parent Signatu **Students enr Signature of C	ccision ive decision ure: colling after initial start counselor:	counseld doctor's date are responsi	or's decision s waiver ible for all back work.	Date:	TYPING
☐ teacher's de ☐ administrati Parent Signatu **Students enr Signature of C The Principal'	ccision ve decision ure: colling after initial start counselor: s signature is required Not App	counseld doctor's date are responsi	or's decision s waiver ible for all back work.	Date:	TYPING WEBMAIL