

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	l:
			51,000	
Program change form must b	oe submitted by the follow	ing dates:		
Quarter 1: August 8, 20 Quarter 2: October 17, 2 Quarter 3: January 9, 20 Quarter 4: March 27, 20	2025)26		gust 8, 2025 uary 9, 2026	
I authorize the following chang	ges for my child:			
Dropping:	Term:	Dropping:		Term:
Adding:	Term:	Adding:		Term:
☐ misplacement in grade leve ☐ teacher's decision ☐ administrative decision Parent Signature:		chool attendance 's decision vaiver	Date:	
**Students enrolling after init	ial start date are responsibl	le for all back work.		
Signature of Counselor:			Date:	
The Principal's signature is required after the deadline.			COMPLETED	
☐ Approved ☐ Not Approved			EMAILED	TYPING
Signature of Principal:		Date:	POWERSCH	WEBMAIL