



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 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 Level:

Program change form must be submitted by the following dates:

Quarter 1:	August 10, 2018	Semester 1:	August 10, 2018
Quarter 2:	October 19, 2018		
Quarter 3:	January 14, 2019	Semester 2:	January 14, 2019
Quarter 4:	March 29, 2019		

I authorize the following changes for my child:

Dropping:	<input style="width: 150px; height: 20px; border: 1px dotted black;" type="text"/>	Term:	<input style="width: 40px; height: 20px; border: 1px dotted black;" type="text"/>	Dropping:	<input style="width: 150px; height: 20px; border: 1px dotted black;" type="text"/>	Term:	<input style="width: 40px; height: 20px; border: 1px dotted black;" type="text"/>
Adding:	<input style="width: 150px; height: 20px; border: 1px dotted black;" type="text"/>	Term:	<input style="width: 40px; height: 20px; border: 1px dotted black;" type="text"/>	Adding:	<input style="width: 150px; height: 20px; border: 1px dotted black;" type="text"/>	Term:	<input style="width: 40px; height: 20px; border: 1px dotted black;" type="text"/>

Reason for program change:

<input type="checkbox"/> computer or clerical error	<input type="checkbox"/> scheduling error	<input type="checkbox"/> Other:
<input type="checkbox"/> credit deficiencies	<input type="checkbox"/> misplacement in ability level	
<input type="checkbox"/> misplacement in grade level	<input type="checkbox"/> summer school attendance	
<input type="checkbox"/> teacher's decision	<input type="checkbox"/> counselor's decision	
<input type="checkbox"/> administrative decision	<input type="checkbox"/> doctor's waiver	

Parent Signature: **Date:**

****Students enrolling after initial start date are responsible for all back work.**

Signature of Counselor: **Date:**

The Principal's signature is required after the deadline.

Approved Not Approved

Signature of Principal: **Date:**

COMPLETED

EMAILED	<input type="checkbox"/>	TYPING	<input type="checkbox"/>
POWERSCH	<input type="checkbox"/>	WEBMAIL	<input type="checkbox"/>
CANVAS	<input type="checkbox"/>	MSCORE	<input type="checkbox"/>