

## 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 char	nge form must be submi	itted by the follo	owing dates:		
Quarter 1: Quarter 2: Quarter 3: Quarter 4:	August 9, 2024 October 18, 2024 January 10, 2025 March 28, 2025		_	ary 10, 2025	
I authorize the	following changes for m	y child:			
Dropping:		Term:	Dropping:		Term:
Adding:		Term:	Adding:		Term:
misplacement teacher's de	iencies ent in grade level ecision ive decision	summer counsel	rement in ability level r school attendance lor's decision s waiver		
misplacement teacher's de la administrat	ent in grade level ecision ive decision ure:	summer counsel doctor's	r school attendance lor's decision s waiver	Date:	
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misplacement teacher's de la deministrat  Parent Signat  **Students end  Signature of (	ent in grade level ecision ive decision  ure: rolling after initial start  Counselor: 's signature is required	summer counsel doctor's date are respons	r school attendance lor's decision s waiver  sible for all back work.	Date:	TYPING
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