

Oakridge Secondary School  
Course Change Request  
2026/2027 School Year

Please note, we cannot guarantee that students will get into the courses they request.

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remove: \_\_\_\_\_

\_\_\_\_\_

Add: \_\_\_\_\_

\_\_\_\_\_

Student's Cell Phone Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counsellor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_