



2023-2024 Night School COURSE CHANGE FORM



Student Information											
OEN #											Student Name
Student Contact (Cell) Phone #:						Student Alternate (Home) Phone #:					
Student Email Address:						Student Current Secondary School:					
Change Information											
Original Course Request:											
Original Site Request:											
Change Information											
New Course Request:											
New Site Request:											
Change Approval											
Guidance Signature:											
Date:											

Please scan and email this form to: [Night School Course Change](#)

Adult and Continuing Education Use:				
Change Completed as requested:	YES	NO	Initials:	Date:
Change not completed as requested:	YES	NO	Initials:	Date:
School/Student advised:				