



Student Name:			
Date:	___ / ___ / ___	Year level:	

Subject wishing to undertake

Reasoning

	Signatures
Careers Advisor	
Parent	
Potential Bayside Supervising teacher	
VCE Coordinator	
Distance Education Coordinator	
Principal	

Office Use only:	SMS <input type="checkbox"/>	Timetable <input type="checkbox"/>	VASS <input type="checkbox"/>
Date: ___ / ___ / ___	Finance <input type="checkbox"/>	Edrolo <input type="checkbox"/>	

THE PRINCIPAL AND DISTANCE EDUCATION COORDINATOR WILL RETAIN A COPY OF THIS FORM