



# Request to Drop a Rigorous Academic Course

Schedule changes should be considered only after Progress Reports and Report Cards. Students should not be dropped from a rigorous academic course unless they have documented two weeks of intervention activities.

The request must be approved by the Principal or Principal Designee and is subject to course availability.

## Step 1: Student

Once this section is complete, please have the following section completed by your parent / legal guardian. You must continue attending this course until you have received a new schedule from your school counselor.

I am requesting that I be permitted to drop \_\_\_\_\_.

Check all that apply:

- I have completed all assignments.
- I have come before or stayed after school for extra help on the following dates:  
(you are required to have a minimum of five sessions with the teacher)

Session 1:	Session 2:	Session 3:	Session 4:	Session 5:
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- I have given my best effort to this class.

Student Name (please print):	Student Number:
Student Signature:	Date:

## Step 2: Parent / Legal Guardian

Once this section is complete, please return to the student's teacher.

Please state why you support your student's request to drop this course:		
Best Daytime Phone Number:	Email Address:	
Parent / Legal Guardian Name:	Parent / Legal Guardian Signature:	Date:

### Step 3: Teacher

Once this section is complete, please return to your administrator.

Please initial that the information in Step 1 is accurate: \_\_\_\_\_

Please check one:

- I agree that this course placement should be reviewed.
- I believe that this student is correctly placed in this course. He/She has the ability to become successful with extra effort.

Please write a statement detailing why you agree or disagree with this change:		
Teacher Name:	Teacher Signature:	Date:

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### Step 4: Administrator

Once this section is complete, please return to your school's Guidance department.

<input type="checkbox"/> Approve	Rationale:		
<input type="checkbox"/> Disapprove			
Date of Conference:			
Administrator Name ( <i>please print</i> ):	Administrator Signature:	Date:	

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### Step 5: Guidance

Once this section is complete, please retain for your records.

Course Dropped:	Course Added:		
Counselor Name ( <i>please print</i> ):	Counselor Signature:	Date:	