${\bf Community\ High\ School\ District\ 155-Course\ Withdraw\ Request}$

Full Student Name:		Student ID #:	Grade I	.evel:
Course #: Course Name	:		Current Academic (Grade:
Reason for Request:				
·				
Review the following information as it peri questions regarding this matter or for addi			ase contact your counse	lor with any
Students have until the day before the	end of the fi	rst half of each semester	(Progress Checkpoints 2	& 5).
Students who drop a class after this tin have the failing grade calculated into			withdraw with a failing g	rade) and will
Students must continue attending all a	assigned class	ses until counselor chang	es the schedule.	
Students must maintain full-time statueducation.	ıs that is defir	ned as enrollment in four	semester long classes pl	us physical
Schedule appointment with your coun	selor once yo	ou have secured all requir	red signatures.	
 For athletic eligibility to participate in majors or four majors plus PE to main negatively impact NCAA eligibility (www. 	tain eligibility	/. Student athletes should		
 For senior students, dropping a class n are acknowledging that you have alre received their confirmation that dropp 	ady made cor	ntact with the college(s) t	to which you have applie	
Please obtain signatures in the following o	rder:			
(1) student signature	date	(2) parent signa	ature	date
(3) IEP case mgr signature (□ if needed)	date	(4) athletic dir s	signature (□ if needed)	date
(5) teacher signature date		(6) division lead	der signature	date
Teacher comments (optional):				
☐ Student has returned the textbook.				
(7) counselor signature date		-		
Counselor comments (optional):				