



SANTA FE HIGH SCHOOL

"We will inspire students to learn, grow, build relationships, and achieve success."

Nicole Sebok Principal

Assistant Principals

Nikolete Nikravan

Tammi Pickering

Karla Rodriguez

Elizabeth Yorlano

This form must be completed prior to the end of the first nine weeks. **For the 26-27 School year, the form is Due OCTOBER 2, 2026.** The request must be approved by the Counselor, Assistant Principal and the Instructor and is **subject to course availability.**

Student Name: _____ Grade: _____ Date: _____

Please Print

STEP 1: STUDENT

I am requesting that I be permitted to drop (enter course name below)

Check if accurate:

☐ I have completed all assignments.

☐ I have attended TRIBE TIME for extra help (minimum of 4 sessions with the teacher) on the following dates:

_____, _____, _____, _____

☐ I have given my best effort to this class.

Comments: _____

STEP 2: PARENT

Check if accurate:

☐ I have conferenced with my child's teacher on the following date(s): _____,

_____, _____.

☐ Phone Conference

☐ Face-to-Face Conference

☐ Email Correspondence

On page 2 of this form, please state why you support your student's request to drop this course.

Name: _____ Date: _____

Please Print

Email: _____ Phone: _____

Comments: _____



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STEP 3: TEACHER Please initial that the information in **Step 1 & Step 2** is accurate (Teacher Initial _____)

Current Student Grade: _____

Please check one. If you wish to elaborate, please write a statement on page 2 of this form.

☐ 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.

Teacher Name: _____ Date: _____

Please Print

Comments: _____

STEP 4: TURN IN FORM to the COUNSELING OFFICE

Please return the completed form to the counselor's office. You must continue attending your existing course until you have received a new schedule from your counselor.

BELOW FOR OFFICE ONLY

STEP 5: COUNSELOR

Course change denied: ☐ Provide Reason: _____

Course change approved: ☐ Course added date: _____

Counselor Signature: _____

AP Signature: _____

Comments: _____