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

Full Student Name:	Student ID #:		Grade Level:	
Course #: Course Nan	ne:		Current Academic G	rade:
Reason for Request:				
Review the following information as it pert regarding this matter or for additional sup		= -	ontact your counselor wi	th any questions
Students have until the day befor	e the end of the	e first half of each semester (P	rogress Checkpoints 2 & 5	5).
 Students who drop a class after the failing grade calculated into the 	· · · · · · · · · · · · · · · · · · ·	_	hdraw with a failing grade	e) and will have
Students must continue attending	g all assigned cla	asses until counselor changes t	he schedule.	
 Students must maintain full-time semester) and physical education 		efined as enrollment in four ma	ajors (any class worth 0.5	credit per
Schedule appointment with your	counselor once	you have secured all required	signatures.	
 For athletic eligibility to participat four majors plus PE to maintain e NCAA eligibility (www.ncaa.org). 				-
 For senior students, dropping a cl acknowledging that you have alre their confirmation that dropping 	ady made conta	act with the college(s) to which	n you have applied and ha	nis form you are ave received
Please obtain signatures in the following	ng order:			
(1) student signature	date	(2) parent signat	ure	date
(3) IEP case mgr signature (□ if needed)	date	(4) athletic dir si	gnature (□ if needed)	date
(5) teacher signature	date	(6) division leade	er signature	date
Teacher comments (optional):				
☐ Student has returned the textboo	ok.			
(7) counselor signature	date	_		
Counselor comments (optional):				