

Calvin Christian High School
CLASS DROP REQUEST

Name: _____ Grade: _____ Date of Request: _____

I request to drop: _____

Reason for drop:

Policy regarding schedule changes and dropping classes:

1. Schedule changes will be permitted after a semester begins only in cases of conflicting courses, failures, or some other extreme situation. Courses may not be added after the first full week of the semester.
2. Courses which are dropped more than three weeks after a semester begins are recorded as failures.
3. Students must talk with the teacher of the course regarding the advisability of dropping it.

Process regarding schedule changes and dropping classes:

1. Obtain information from the teacher:

a. Student's current level of achievement: _____

b. Teacher comments:

c. Teacher signature:

2. Parents and student are to indicate their approval of dropping this course by signing below:

Parent signature: _____

Student signature: _____

3. Counselor completes the drop request:

a. Collect all classroom materials (textbooks, etc) from the student.

b. Summary of schedule change:

1) Class added: _____

2) Other changes:

c. Counselor comments:

d. Counselor Signature: _____

4. Date processed: _____

5. Submit form to registrar.