

Name _____ ID _____ Grade ____ Date _____

Request to Drop Honors Course

Students are allowed to drop down a level, if necessary **between September 20th and October 4th 2019.**

I, _____, am requesting to drop from honors _____
_____ into _____. My reason for wanting to
drop is _____
_____.

I have tried my best to be successful in this class before requesting to drop it by doing the following things: (All of these must be completed to drop down a level.)

- I have gone to my **teacher** to talk about why I want to drop the class.
Date: _____ Teacher Signature _____
- I have gone to my **counselor** to talk about academic strategies to be successful.
(Choose one.)
 - A-Cn Ms. Croom Date: _____ Counselor Signature _____
 - Co-Hd Ms. Goldstein Date: _____ Counselor Signature _____
 - He-Me Ms. Galvan Date: _____ Counselor Signature _____
 - Mi-Sd Ms. Garcia Date: _____ Counselor Signature _____
 - Se-Z Ms. Folger Date: _____ Counselor Signature _____
- I have stayed in the class for the **first 6 weeks** (until Sept. 20th)
- I have **attended at least 3 tutoring or FIT sessions** with the teacher (document days attended.)
 - Date: _____ Initialed by Teacher _____
 - Date: _____ Initialed by Teacher _____
 - Date: _____ Initialed by Teacher _____
- I have tried to make up:
 - Missing work (Names of assignments _____)
 - Major Grades (Names of quizzes, tests, etc. _____)
- My **teacher has approved the level change.**
 - Date: _____ Teacher Signature _____
- My **parents are aware** of all the steps I have taken (above) and approve of the change in level, and are aware that there will be a conference (in person or by phone) before final approval.
 - Date: _____ Parent Signature _____
- My **Assistant Principal** approved the level change: (Choose one)
 - A-Cn Ms. Sherline Date: _____ Signature _____
 - Co-Hd Mr. Baxa Date: _____ Signature _____
 - He-Me Mr. Reyes Date: _____ Signature _____
 - Mi-Sd Mr. Featherstone Date: _____ Signature _____
 - Se-Z Mrs. Stone Date: _____ Signature _____