

# ACADEMIC CHALLENGE PROGRAM WITHDRAWAL FORM

## SECTION 1 – TO BE COMPLETED BY STUDENT AND PARENT

Student Name: \_\_\_\_\_  
School District: \_\_\_\_\_  
Building: \_\_\_\_\_  
Counselor: \_\_\_\_\_

Academic Challenge Class to Drop:	<input type="checkbox"/>	Math	_____	<u>Instructor</u>
	<input type="checkbox"/>	English	_____	

Reason for Withdrawal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 – TO BE COMPLETED BY COUNSELOR

Counselor Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
Counselor Signature: \_\_\_\_\_  
Date: \_\_\_\_\_