



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: _____ Date: _____

Student Signature: _____ Date: _____

SECTION 2 - TO BE COMPLETED BY COUNSELOR

Counselor Recommendation: _____

Counselor Signature: _____

Date: _____