Name		II	D	Grade	_ Date	
		_ ,, _				
Request to Drop Honors Course						
Students are allowed to drop down a level, if necessary between September 20th and						
Octob	er 4th 2	<u>2019</u> .				
ı			am requestir	na to dron from hon	ore	
		into				
					to the training to	
l have	tried m	y best to be successful in this	class hefore r	equesting to drop i	t by doing the	
		s: (All of these must be comp		. • .	by doing the	
☐ I have gone to my teacher to talk about why I want to drop the class.						
		Teacher Signature				
	I have gone to my counselor to talk about academic strategies to be successful.					
	(Choose one.)					
		A-Cn Ms. Croom Date:				
		Co-Hd Ms. Goldstein Date: _				
		He-Me Ms. Galvan Date:		-		
		Mi-Sd Ms. Garcia Date:				
		Se-Z Ms. Folger Date:				
		stayed in the class for the firs	•	• •		
		I have attended at least 3 tutoring or FIT sessions with the teacher (document days				
	attend	,	T l			
		Date: Initialed by				
		Date: Initialed by Date:				
		tried to make up:	reacrier	-		
_		Missing work (Names of assi	ianments)	
		Major Grades (Names of qui				
	My teacher has approved the level change.					
	Date:Teacher Signature					
	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:	_			
		Co-Hd Mr. Baxa Date:	Signatur	·e		

□ He-Me Mr. Reyes Date: ____ Signature ____
□ Mi-Sd Mr. Featherstone Date: ____ Signature ____
□ Se-Z Mrs. Stone Date: ____ Signature ____