Bow Valley High School

Course Withdrawal Request
2020-2021

Student/Course Information	
Student Name:	**Grade:**
Course Change FROM:	**Course Change TO:**
Student Rationale for Change:	
Student Signature:	**Date:**

PLEASE READ THE FOLLOWING CAREFULLY

1. The Principal (or Grade Level Administrator) will determine the feasibility prior to the other required signatures. If denied, no other signatures are required.
2. All signatures must be completed and approval granted before the course change is finalized.
3. Textbooks must be returned to the Learning Commons Facilitator (LCF).
4. Failure to complete the form will mean that the student will remain in the current course.
5. The Principal must sign off.

STUDENTS ARE EXPECTED TO ATTEND CLASS UNTIL THE FORM HAS BEEN PROCESSED BY THE ADMINISTRATION.

STEP 1: Admin. Interview/Teacher Signature

Admin. Interview: ☐ May proceed through process. ☐ Change NOT recommended.	**Admin. Signature:**
Teacher's Signature:	**Date:**

STEP 2: Guidance Counsellor Interview

☐ Grad Check	☐ Recommended	☐ NOT Recommended
Counsellor's Comments:		
Counsellor's Signature:	**Date:**	

STEP 3: Parent/Guardian Approval

☐ YES, I support this change.	☐ NO, I do not support this change.
Parent/Guardian Comments:	
Parent/Guardian Signature:	**Date:**

STEP 4: Learning Commons Facilitator Sign-Off

Textbooks Returned: ☐ Yes ☐ No	LCF Signature:	Date:

STEP 5: Principal Sign-Off

☐ Approved ☐ Denied	Principal Signature:	Date:

PLEASE RETURN THIS FORM TO THE SIS SECRETARY IN THE OFFICE

For School Use Only			
Timetable:	**Attendance:**	**Report Card:**	**Assignment Scores:**
Withdrawn from PS:	**Staff Email Sent:**	**PS Secretary Initials:**	
Fees Adjusted: ☐ Yes ☐ No	**Business Manager Signature:**	**Comments:**	