

# HARBORFIELDS HIGH SCHOOL

## COURSE DROP FORM

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The following steps must be followed before a student can drop a course:

Student's Name \_\_\_\_\_

Subject \_\_\_\_\_ Period \_\_\_\_\_

Teacher \_\_\_\_\_

Guidance Counselor \_\_\_\_\_

Reason(s) for Course Drop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Student-Counselor Conference/Date/Initial \_\_\_\_\_

2. Student-Teacher Conference/Date/Initial \_\_\_\_\_

3. Parent-Teacher Conference/Date/Initial \_\_\_\_\_

4. Parent-Counselor Conference/Date/Initial \_\_\_\_\_

5. Case Conference/Date \_\_\_\_\_

Replacement Course Title \_\_\_\_\_ Period \_\_\_\_\_

Structured Study Hall \_\_\_\_\_ Period \_\_\_\_\_

Drop Approved Date \_\_\_\_\_

Drop Disapproved Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_