

# ***CLASS DROP REQUEST***

---

Student Name \_\_\_\_\_ Date \_\_\_\_\_

☐

## **FIRST 4 WEEKS OF THE SEMESTER**

The above student has asked to drop the following class \_\_\_\_\_.

In accordance with the LHS class change policy, drops made during the first 4 weeks of the semester result in a “W” on the transcript and removal to study hall.

☐

## **AFTER FIRST 4 WEEKS OF THE SEMESTER**

The above student has asked to drop the following class \_\_\_\_\_.

In accordance with the LHS class change policy, drops made after the first 4 weeks of the semester will be transcribed as an “F”.

Students who participate in athletics must pass six classes the semester prior to participation in order to be eligible. Students do not receive credit for Study Hall and therefore, it does not count as one of the six classes.

**TEACHER NOTIFICATION AND PARENT SIGNATURES ARE REQUIRED TO SUBMIT THIS REQUEST.**

Teacher Initial: \_\_\_\_\_ Recommended: ☐ Yes ☐ No Student's Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

---