

Service High School Counseling Department

Dear Parent/Guardian:

Your daughter/son has requested to withdraw from a class. Due to the serious consequences associated with dropping a course a Parent/Guardian acknowledgment is required.

I acknowledge and give consent for _____
to withdraw from _____ (class)
_____ (per). I understand that she/he will lose a semester credit by doing so. I also understand that she/he cannot be placed in another class during this period. A "WF" withdraw fail will be recorded on the final transcript. A "WF" is counted as an "F" on the total GPA (Grade Point Average.) It will count as an "F" in eligibility for participation in extracurricular activities and could make your daughter/son ineligible for the next grading period. Your signature on this form indicates that you fully understand the terms and consequences of this action.

Student signature

ID#

date

Parent signature

date

Teacher signature

present grade

date

Counselor

date

Curriculum Principal

date

Approved

Not Approved