

Silver Falls School District 4J

Code: IGBHD-AR  
Adopted: 11/12/91-E  
Readopted: 9/8/97

Request for Withdrawal from Course of Study

I request that my child, \_\_\_\_\_,  
(first and last name)

be withdrawn from \_\_\_\_\_  
(name of subject)

for the remainder of the current school year.

REASONS(S): (Optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please suggest an appropriate alternative course of study for your child to pursue.

\_\_\_\_\_  
\_\_\_\_\_

Principal's description of alternative course of study/program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

PLEASE RETURN THIS DIRECTLY TO YOUR CHILD'S SCHOOL PRINCIPAL