

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be withdrawn from \_\_\_\_\_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)

Four horizontal lines for providing reasons for withdrawal.

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

Two horizontal lines for suggesting an alternative course of study.

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

Three horizontal lines for the principal's description of the alternative course of study.

Parent

Date

Principal

Date

PLEASE RETURN THIS DIRECTLY TO YOUR CHILD'S SCHOOL PRINCIPAL