

STUDENT REQUEST FOR ONE OFF BLOCK – GRADE 12s ONLY

Please return the signed form to your counsellor as quickly as possible as this may impact schedules for other students. Thank you.

Last Name	First Name	Date	Counsellor Name
<p>Name of the class you wish to drop: _____</p> <p>Please describe the reason for your request (it is the student's and parents' responsibility to be aware of how this request will impact post-secondary plans):</p> 			
<p><u>Student has Discussed with Parents(s)/Guardian:</u></p> <p>Parent First and Last Name: (Print) _____</p> <p>Date: _____</p> <p>Parent Signature Required: _____</p> <p>Parent Comment:</p> 			
<p>Counsellor Signature: _____</p> 			
<p>Administrator Signature: _____</p>			