

STUDENT REQUEST FOR ONE OFF BLOCK – GRADE 12s ONLY

Form due back to your counsellor by 4:00 pm, Wed. August 28th, 2024

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>			

