



NIGHT SCHOOL - DROP/CHANGE COURSE REQUEST - SEMESTER 1 2017-2018

Student Name: _____ **Date:** _____
Student email: _____ **Student ID#:** _____

FOR STUDENTS:

1. All textbooks and class materials must be returned before a class can be dropped.
2. Your teacher's signature is required to drop a course after the start of the semester.
3. This completed form must be returned to your **to your Teacher** immediately.

FOR TEACHERS:

Please sign this release form when all texts and class materials have been returned.

COURSE(S) TO DROP		
Course Code	Location	Teacher Signature

REASON FOR CHANGE(S):

Student Signature: _____

Comments (if any):

SIGNATURES:

Parent (s) signature:

Or student if over 18: _____ Date: _____

Counsellor: _____ Date: _____

Teacher: _____ Date: _____
(if required)

Principal/Vice-Principal: _____ Date: _____
(if required)





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