



Permission to Drop a Course

Dear Parent/Guardian,

_____ has requested to withdraw from
_____ for the following reason:

- This course is too difficult for me at this time.
- This course is not needed for my post-secondary plans.
- Other: _____ At the beginning of the year, courses were selected such that students will have the credits they need to graduate with their cohort. By withdrawing from the course indicated above, your child might not have the pre-requisites required to enroll in subsequent senior level courses or in their post-secondary program of choice, or might not meet graduation requirements.

Note: Students who drop a course will not be permitted to take that same course in night school.

If you have any questions or concerns regarding this matter, please feel free to contact me at 1-416-487-7381 ext. 224 or kpersa@fieldstonekcschool.org.

Sincerely,

Ginie Wong
Guidance Counsellor

To be completed by parent/guardian

I, _____, affirm that I understand the possible consequences associated with my child withdrawing from the course described above and give my consent. My child will make up this course credit by taking the following course of action:

- Take a course in night school.
- Take a course in summer school.
- Study an additional year.
- None. This credit is not needed for university/graduation.
- Other: _____

Parent's/Guardian's signature

Date

To be completed by Guidance Counsellor

After reviewing the application, this request has been: Approved
Not Approved

- Student has returned all required textbooks/workbooks.

Ginie Wong (Guidance)

Date