



Campbell Collegiate

Class Drop Form

NOTE: The expectation is that you attend all scheduled classes until Edsby reflects the course drop.

Date: _____

Student Name: _____

Grade: _____

Class	Semester	Period	Reason for dropping the class:

Current Number of Credits: _____

Textbooks/Resources Returned? YES NO

CAP Teacher: _____ CAP Signature: _____

Classroom Teacher: _____ Classroom Teacher Signature: _____

Student Signature: _____

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY
<input type="checkbox"/> APPROVED
<input type="checkbox"/> DENIED
Date: _____
Initials: _____