



Request to Drop an AP Course

In order to encourage all students to complete coursework that prepares them for the successful pursuit of post-secondary education, this form must be completed in its entirety prior to a student being removed from an AP course.

Student Name: _____

Last

First

Middle I

Student

I am requesting to drop AP _____ and add _____.

My reason for this is _____

Parent/Guardian

I agree that my student should drop the identified course because:

Student and Parent:

Please check if the following is true:

- _____ All assignments have been completed and turned into the teacher
- _____ Student has had at least 2 conferences with the teacher on how to be successful
- _____ Parent has had at least 1 conversation with the teacher on how student can achieve success
- _____ Student has received extra help (before/after school, during lunch, etc.) from teacher
- _____ Student has given their best effort to be successful in class

Teacher:

Date of Student Interventions. There must be at least 2.

Attempt 1 Date: _____ Intervention: _____

Attempt 2 Date: _____ Intervention: _____

Attempt 3 Date: _____ Intervention: _____

Date of phone call and/or meeting with parent to discuss the situation. Teacher must make at least 2 recorded attempts to contact parent before form can be processed.

Attempt 1 Date: _____ Result: _____

Attempt 2 Date: _____ Result: _____

_____ I agree the student should drop the course

_____ I **DO NOT** agree that the student should drop the course for the reasons detailed below

School Counselor:

Student dropped on: _____ Signature: _____

**If after November 15th, please make sure to see proof of \$40 payment before dropping student.*

Student NOT dropped because: _____

Once form is a completed, please provide a copy to Morgan Milavickas