

Student Drop Form

Class Period _____

TO BE PLACED IN STUDENT'S PERMANENT RECORD IN THE HIGH SCHOOL OFFICE

Please Fill in Date of School Year: _____

The following student has been dropped from my class because of failure of the student to comply with the minimum standards for Ohio High School edb-403-01.

Failures to meet the minimum clock hours necessary to complete this course

Student Name: _____ Student Number _____

Course Title _____ Course Code _____ Section _____

Number Absences

Absences for the 1st 9-week Period _____

Absences for the 2nd 9-week Period _____

Absences for the 3rd 9-week Period _____

Absences for the 4th 9-week Period _____

Total # Absents _____

Letter Grades

1st 9-Week Grade _____

2nd 9-Week Grade _____

3rd 9-Week Grade _____

4th 9-Week Grade _____

Teacher's Signature _____