



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

Mission: To inspire and motivate our students with an educational experience that leads to achievement and success.

MINOOKA COMMUNITY HIGH SCHOOL STUDENT SERVICES DEPARTMENT

CLASS WITHDRAWAL- REQUEST FORM

Student _____ Date _____

I.D. Number _____ Year in School _____

I would like to withdraw from: _____

Reason for withdrawal: _____

Teacher _____ Block _____

Withdrawal from Class Guidelines:

1. Students wishing to withdrawal from a course will incur a Withdrawal Fail (WF) grade and will be placed in a Resource.
2. Students must complete a *Class Withdrawal Request Form* and ensure all required signatures are obtained.
3. The student's transcript will reflect a Withdrawal Fail (WF), which will be calculated into the student's grade point average.

SIGNATURES

Student (Request) _____ Date _____ Teacher (Awareness of Request) _____ Date _____

Parent (Permission) _____ Date _____ Instructional Leader (A of R) _____ Date _____

Counselor (Request Processed) _____ Date _____

Office Use Only – Return Signed Form To Registrar's Office

Registrar's Signature _____ Date _____

MCHS – CENTRAL CAMPUS
301 S. Wabena Avenue
Minooka, Illinois 60447
815-467-2140

DISTRICT 111 OFFICE
26655 W. Eames Street
Channahon, Illinois 60410
815-467-2557

MCHS – SOUTH CAMPUS
26655 W. Eames Street
Channahon, Illinois 60410
815-521-4001



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www.mchs.net