



STAPLES HIGH SCHOOL

70 North Avenue, Westport, Connecticut 06880

Guidance Department

Phone: (203) 341-1225

Fax: (203) 341-1235

Course Withdrawal Form

The drop deadline for a class in which there is no penalty and the class is removed from the transcript is the end of the 30th school day of the term for full year courses, first semester courses, and second semester courses. Students dropping a course after the drop deadline will adhere to the following policy:

For a full year class:

After the 30th school day of the term, the student will receive a W (Withdrawn) up to the last day of the 1st semester. At the beginning of the 2nd semester, the student will receive a WP (Withdrawn Passing) if the student is passing the class at that time or a WF (Withdrawn Failing) if the student is failing the class at that time.

For a first semester class:

After the 30th school day of the term, the student will receive a W (Withdrawn) up to the last day of the 1st quarter. At the beginning of the 2nd quarter, the student will receive a WP (Withdrawn Passing) if the student is passing the class at that time or a WF (Withdrawn Failing) if the student is failing the class at that time.

For a second semester class:

After the 30th school day of the term, the student will receive a W (Withdrawn) up to the last day of the 3rd quarter. At the beginning of the 4th quarter, the student will receive a WP (Withdrawn Passing) if the student is passing the class at that time or a WF (Withdrawn Failing) if the student is failing the class at that time.

Note: W or WP will not be factored into the student's GPA. WF will be factored into the student's GPA.

In order to withdraw from a course, students must complete the *Course Withdrawal Form* and obtain signatures from their parent/guardian, teacher, department chair, and counselor.

Name of Student: _____

Phone: _____

Email: _____

Student's Grade: _____

Counselor: _____

Name of Course: _____

Teacher: _____

School Year: _____

Semester (if applicable): _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

- Original copy will be retained in student's file with counselor
- Photocopy to student and parent/guardian
- Photocopy to teacher