

École Secondaire Earl Marriott Secondary School

Request to withdraw from French Immersion



Applicant Name _____ Grade ____ Date _____

School Policy: We would encourage all students to continue in the French Immersion program and would like to assist or respond to special concerns.

This form should be completed by a student and parent when considering withdrawing from French Immersion.

After this form is completed, please contact the French Immersion Department to arrange a meeting with a French Immersion Department representative to discuss the concerns and the withdrawal request from the French Immersion program. (Note: A French Immersion representative's signature is necessary to withdraw from the French Immersion Program.)

Student's reason for the request to withdraw from French Immersion:

Student's Signature

Parent's Comments:

Parent's Signature

Date of meeting with Department _____

To be completed by French Immersion Department representative

Response:

Department Representative Signature _____ **Student's Signature** _____

Parent's Signature _____ **Date** _____