

LAKE FOREST HIGH SCHOOL
FIRST SEMESTER ONLY
PASS/FAIL OPTION

NAME _____ (Please Print)

Class of _____

Course Title: _____

_____ Date _____
Student Signature

_____ Date _____
Parent Signature

_____ Date _____
Teacher Signature

_____ approved _____ Date _____
Counselor's signature
_____ not approved

_____ approved _____ Date _____
Student Services Director
_____ not approved

**PLEASE KEEP THE ATTACHED SHEET FOR YOUR REFERENCE
REGARDING THIS OPTION!**

DEADLINE FOR SUBMITTING YOUR REQUEST IS October 28, 2011