If your numbers have decreased prior to the end of week 6, please fill in the below.

|  |  |
| --- | --- |
| **School name:** |  |
| **Teachers name:** |  |
| **Number of students in class after the change in numbers** |  |
| **Number of students withdrawn from the class** |  |
| **Names of Students withdrawn**  **(If applicable)** |  |

**Office Use only**

|  |
| --- |
| **I have processed this application**  **Signature of staff member: Date:**  **Students enrolled in course:** |