



**Parent Override Form
Appeal to Waive Recommended Level/Course**

Student's Name: _____ **Date:** _____

2015 – 2016 Grade Level: _____ **Phone Number:** _____

I, the parent/guardian of _____ request that he/she be placed in the course indicated below for the 2015-2016 school year against the criteria established for the placement process. I understand that the requirements for the requested course level will be different from the course level for which he/she was recommended.

Recommended Course/Level:

Requesting change to:

This form must be returned to your building Principal by Wednesday, April 15th. Please contact them if you have any questions.

Parent Signature: _____

Student Signature: _____



Date received: _____ Approved _____ Denied _____