

PARENT/GUARDIAN OVERRIDE FORM

2009-2010 School Year

Student's Name: _____ School Counselor: _____

Teacher recommendations are made with a sincere desire to place students where they can be most successful. Please understand that your child does not meet all of the criteria for this course; therefore we are concerned about the likelihood of his or her success in the course. Your signature below indicates that you as the parent wish to place your child in this course, despite the teacher's recommendation.

My child was recommended for: _____
Course name/level

I am requesting that my child be placed in: _____
Course name/level

- **It is my understanding that each academic course has certain prescribed essentials or standards, which must be met. Extra help beyond that which is given to other students in this class should not be expected.**
- **I understand that if he/she is not successful, a change of schedule will not be considered UNTIL THE END OF THE FIRST SEMESTER and is contingent on space availability. Also, a schedule change for one course may affect several other classes in my child's schedule.**

Parent/Guardian Signature/Telephone #

Date

A student will not be placed into a non-recommended course if this form has not been completed and returned.

*Parent override forms are due in the School Counseling Office at the appropriate schools **March 10, 2009**. Parent override forms will continue to be accepted until **April 30, 2009**, with no guarantee of placement. Placement will be determined on a space available basis. **Requests for all other schedule changes will be accepted until June 12, 2009, and will be honored on a space available basis.***

(For High School Use Only)

School Counselor Name & Signature

Date Change Made

Placed on Wait list: _____ Who: _____ Date: _____ Called Parent: _____

Removed from Wait list: _____ Who: _____ Date: _____ Called Parent: _____