

OVERRIDE FORM

Name of Student _____ Grade (Current) _____

ID Number of Student)Located on Student Photo ID _____

Counselor's Name _____ Date _____

Date of Conference:

Change from: _____
Number Course Title Level

Please state reasons for the desired change: _____

Signature of Parent _____ Date _____

Signature of Teacher _____ Date _____

Signature of
Director/Chairperson _____ Date _____