

Olentangy Liberty High School

Course Override Form

Student Name: _____ Date: _____

I was recommended for: _____

I would like to override into: _____

I understand the following:

- The child's current teacher has not recommended this course for my child at this time.
- Should a dropped course result in excessive study halls, the student will have to add a new course into his schedule as soon as his/her schedule permits.
- My son/daughter may drop the course following the procedures outlined on the Request to Change Schedule Form.

I have consulted with my child's current teacher in this subject area.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Teacher Use Only:

I have spoken with the child's parent/guardian

Teacher Notes: