

Please talk to your child's current math teacher before submitting an override form.

WALTER C. POLSON MIDDLE SCHOOL
MATH PLACEMENT – OVERRIDE FORM

Student Name: _____

Grade Level Counselor in **Fall 2021**: 7th / Charlene Doane 8th / Rachel Kilian

Current Math Teacher: _____

Spoke to Current Math Teacher: Yes No

CHANGE REQUESTED:

Grade 6 to 7		Grade 7 to 8	
Recommended for:	Requesting:	Recommended for:	Requesting:
<input type="radio"/> Math 7	<input type="radio"/> Math 7	<input type="radio"/> Pre-Algebra	<input type="radio"/> Pre-Algebra
<input type="radio"/> Pre-Algebra	<input type="radio"/> Pre-Algebra	<input type="radio"/> Algebra	<input type="radio"/> Algebra

I understand that this request is in not in agreement with the teacher's recommendation, and I assume responsibility for this change in my child's school program.

Further, I understand the possibility of the following:

- *This override may necessitate a change in my child's overall class schedule and team placement.*
- *My child must maintain a minimum grade of C for the first trimester in order to remain in the requested class.*
- *In the event that my child does not earn the minimum grade required in order to remain in the requested class, a change in my child's overall class schedule and/or team assignment may be necessary.*

Please return completed form to Kathryn Hart, hartk@madison.k12.ct.us by **June 9, 2021** otherwise your request may not be honored.

Parent Signature

Date

Kathryn Hart, Principal

Date