



**COURSE PLACEMENT REVIEW**  
*(Core Academic Subjects ONLY)*

As a part of the scheduling and registration process at Maryville High School, teachers make recommendations for student placement in many of our core academic areas. Teacher recommendations are based upon the observed performance of each student, his/her historic grades, and his/her test data. The examination of past teacher recommendations indicates a very high degree of accuracy resulting in appropriate student placement.

It is our understanding that your child, \_\_\_\_\_, has not received a recommendation for \_\_\_\_\_, and that you want your child to enroll in this course contrary to the teacher recommendation. Your signature below indicates that you understand the school's recommendation policy and are requesting a change of placement review. Students are not normally permitted to return to a course if they are moved.

*Please return this form to your counselor for administrator review.*

Reason for request: _____ _____ _____
Name of recommending teacher for this course: _____

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Administrator Signature*

\_\_\_\_\_  
*Date*

- This request is approved.
- This request is not approved.