

COUNCIL ROCK SCHOOL DISTRICT PARENT/STUDENT OVERRIDE

STUDENT NAME _____ GRADE _____ COUNSELOR _____

Dear Parent/Guardian:

You are receiving this form because you have requested an override to a teacher's course recommendation for next year. We ask that you think carefully about this override and read the schedule change policy below. Questions regarding the original recommendation should be addressed directly to the teacher at the phone number/email address below.

For middle school students (students entering 7th or 8th grade), no overrides may be reversed until the end of the first marking period. (Please be aware that a course change will only be granted upon administrative approval and space availability.)

For high school students (students entering 9th, 10th, 11th or 12th grade), no parental override may be reversed by the parent until after the third week of school. A WD (withdraw D), or a WF (withdraw failure) will be entered on the permanent record if that is the cumulative grade at that point. Students with a C or better will be required to remain in the course. (Please be aware that a course change will only be granted upon administrative approval and space availability.)

For further clarification regarding the course change policy, it is important that you refer to the district's **Program Planning Guide**.

COUNSELOR: Please complete the following. Forward a copy to the parent and retain one copy for your records,

TEACHER RECOMMENDED COURSE _____

REQUESTED OVERRIDE COURSE _____

Teacher Name _____ Department phone _____

Email address _____ Date _____

PARENT: The signatures below indicate that my child and I have read information provided and are fully aware of the override policy.

Parent signature _____ Parent Email _____

Student signature _____ Date _____

For Office Use:

Date Rec'd: _____ Change Made _____

Form Revised July 2010