

Summit High School

Course Override Form

This **OVERRIDE FORM** is used only for a course in which a parent does not wish to adhere to a teacher recommendation concerning the placement of their son/daughter in a specific class or class level.

Student Name

Current Grade

Course Requested

Course Recommended

For School Year: _____

Fall: _____ Spring: _____

Student Reason(s) for Override Request: _____

By signing this Override Request Form, the student and parent agree:

- Student will remain in requested class for the semester/year.
- With administrative approval, student may return to recommended class at semester break **ONLY** if there is space available.
- A meeting with student, parent, administrator, counselor and teacher may be required for approval.

☐ Supporting data attached or written: _____

Student Signature/Date

Parent Signature/Date

Signatures below are for acknowledgement purposes only and do not denote agreement with the above contract.

Teacher/Date

Counselor/Date

Administrator/Date