

ACADEMIC OVERRIDE FORM

2 0 2 6 - 2 0 2 7

STUDENT'S NAME:

GRADE (CIRCLE):

☐

6TH

☐

7TH

☐

8TH

Academic data, performance records, and state and district guidelines are used to schedule students in academic courses and levels for the greatest opportunity for academic success. This academic override request must be completed to review criteria for a potential change. Submission of this form does not guarantee a class change. Administration will contact you if additional information regarding the change is needed.

I, the undersigned parent/guardian of student named above, request a change from the enrolled course to the requested course listed below.

CURRENT COURSE/LEVEL ENROLLED IN :

PLEASE CONSIDER CHANGE TO :

REASON FOR REQUEST: (IF MORE SPACE IS NEEDED, PLEASE UTILIZE THE BACK SIDE OF THIS PAGE)

I understand that any course change could impact and change my child's pod placement, teachers, or schedule for other classes. Likewise, any requests for a change based upon pod, teacher, or classmate(s) will not be approved.

I understand once a change is made it cannot be "undone" or an additional change will not be considered.

FOR REQUESTS INTO HONORS COURSES: I am aware of the possible educational implications of this request since it is contradictory to the recommended course level indicated by his/her academic performance and potential thus far. I take full responsibility for this decision if the request is granted and understand that my child will be required to remain in the assigned class until the end of the year. I am aware of the arrangements I may need to make for additional outside academic support to be provided by me for my child to be successful.

PARENT SIGNATURE: _____

DATE: _____

TCAP SCORE: _____

COURSE GRADE: _____

COMMENTS: _____

☐ Approved

☐ Not Approved

ADMINISTRATOR SIGNATURE: _____ DATE: _____

FARRAGUT MIDDLE SCHOOL

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