

Wheeler High School

Parent or Guardian Request for Course Placement Change

Print Student's Name: _____ Date _____

Student's ID Number: _____ Grade Level _____ Magnet? _____

Course Recommended by School _____

Previous Course _____ Grade: _____

Advisor, Teacher, or Counselor Signature _____

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Course REQUESTED by Parent: _____ Grade Requirement _____

Student & Parent or Guardian (Please initial each statement)

Student Parent

_____ _____ I am requesting a course placement different from that recommended by the school.

_____ _____ I have read and understand the course description for the course into which I want my child placed.

_____ _____ I understand that this course will place more stringent demands on my student and will require him/her to meet higher standard.

_____ _____ I know and understand any summer requirements for the course into which I want my student placed (i.e. summer reading, summer math packet).

_____ _____ I understand that this request may be denied due to class size or restrictions caused by my student's existing classes.

_____ _____ I understand that this change may require my student's schedule to be rearranged.

Student Signature: _____

Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____

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Change Completed _____ Date _____ Initial _____