Course Override Consent Form

Name (print)	I.D	
Counselor Name:	Date:	
Highland Park High School Course Placement:		
Student/Parent Requested Course:		

Highland Park High School creates student course placements based upon multiple points of data that are designed to accurately determine the appropriate academic course and level for each individual student.

As a school, we believe that our placement system is designed to provide students with a developmentallyappropriate educational plan that will individually challenge and hone the skills and intellect of our students. However, Highland Park High School also believes that students and parents have the final decision in the determination of a student's academic plan. Therefore, students and parents are able to appeal and override any placement decision that the school staff makes.

While parents and students are the final voice in the placement process, it is important to understand that the placement decisions parents or students make will be treated as final decisions by the school. Any subsequent changes to a student's schedule to fix incorrect placements will have an impact upon course enrollment and the academic environment that is created for other students in the school. In addition, changes that must be made to a student's schedule after the school year has begun will often cause the entire student's schedule to change. Therefore, if a parent and/or student elect to override a placement that was made by school personnel, Highland Park High School requests that the student, and his or her parents, agree to the following conditions:

Current teacher signature to indicate awareness of this request: (If necessary, teachers will make comments on the back of this form to communicate information to counselors) *Please note this is required only for current HPHS students; Incoming Freshmen DO NOT need a teacher's signature.

Teacher Signature: _____ Date

As a student, I understand that the course I am electing to register for is one that I was not placed in by Highland Park High School. Though I will be placed into the class that I have requested, if I encounter academic difficulties I agree that I will make every effort to be successful in the course prior to requesting a level change. Furthermore, because it often takes time to determine if a course is at the proper level for my academic skills, I will not request a level /course change for this class prior to the completion of the first quarter. I also understand that I will earn a first quarter grade for the time that I spend in this course.

Student Signature:

Date:

As a parent or quardian. I understand that the course my child is electing to register for is one that he or she was not placed into by Highland Park High School. I understand that my child will be placed into the class, and that he or she will be expected to make every effort to be successful there. In addition, my child will allow adequate time to pass to determine if the course is the proper fit before requesting any change be made. As a result, I understand that my child will not be able to request a level/course change for this class prior to the completion of the first guarter. I also understand that my child will earn a first quarter grade for his or her work in this course.

Parent/Guardian Signature:

Date: ___