



J.T. Hoggard High School

COURSE OVERRIDE REQUEST

Student's Name _____ Grade _____

A recommendation was made for my student to take _____

I understand that this recommendation was based on standardized test scores, grades from previous course work, and/or teacher evaluation of class performance.

As parent/guardian, I request that my student be enrolled in the following course:

I understand that this placement is permanent and that my student will not be allowed to drop this course at a later date. My student is required to remain in this course for the entire semester.

Student Signature

Date

Parent/Guardian Signature

Date

Counselor's Signature

Date

Principal

Date

Parent receives a copy of this form. Original goes in student's cumulative folder.