



Greenville County Schools  
 301 E. Camperdown Way  
 Greenville, South Carolina 29602  
 (864) 355-3100

## Course Recommendation Parent Override Request Form

*“Placement is a most important factor in a student’s educational program. Since each student is unique and complex, consideration must be given to a multiplicity of factors which relate specifically to him/her. Therefore, the only valid placement which should be made is that which best serves the student’s needs and interests. Though the placement of a student should be the result of an agreement reached by the parents, teacher, and principal, the final responsibility is the principal’s, as is any official action taken in his/her school.”*

Board Policy: JBCCB (P)  
 Greenville County Board of Trustees

School Year for Which Request Is Made \_\_\_\_\_

Name of School \_\_\_\_\_

Today’s Date \_\_\_\_\_

Student’s Printed Name \_\_\_\_\_

The following course has been recommended by the student’s current teacher:

Course \_\_\_\_\_ Teacher \_\_\_\_\_

As the student’s parent (guardian) , I request the above course to be replaced with:

Course Requested with Parent (guardian) Override \_\_\_\_\_

Teachers in Greenville County middle/high schools give careful consideration to student placement for the following year. Parents have the right to participate in the registration process and may override a teacher recommendation in order to place their son or daughter in a different course and/or level. Please be mindful that the following conditions must be met in order for the override to take place.

1. The parent must contact the student’s teacher to discuss reasons for a different placement.
2. The student and parent recognize that the student must meet published school district prerequisites before a change can be considered.
3. The student and parent understand that this parent override request will be honored only if space is available in the course requested.
4. The student will not be allowed to drop to a lower level or move up to a higher level during this school year unless an administrative appeal decision has been rendered on behalf of the student.
5. The parent understands that he/she will be contacted by the school’s counselor if this request cannot be honored.

**By signing below, we acknowledge that this change conflicts with the teacher’s recommendation; and, we understand and agree to the conditions stated above.**

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**I have discussed reasons for my recommendation with the parent/guardian and the student.**

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Signature of Counselor \_\_\_\_\_ Date \_\_\_\_\_