



# Course Recommendation Parent/Override Request Form

School Year for which Request is Being Made: 2024-2025

Today's Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

Student's Printed Name (*first and last*): \_\_\_\_\_

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

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

As the student's Parent/Guardian, I request to override the teacher's recommendation for the course above and replace with the following course:

\_\_\_\_\_

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 should 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.

## **Forms are due to your School Counseling Office by ( )**

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: \_\_\_\_\_ (due by \_\_\_\_\_)

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_ (due by \_\_\_\_\_)

After discussion with teacher and signing above, *student takes form to teacher for signature*, then *student takes form to Counseling Office* for his/her Counselor to sign and process.

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

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

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

**Board Policy: JBCCB (P)**

**Greenville County Board of Trustees**

Revised February 2021