



Haverhill High School
Course Level Recommendation
Override Form 2018-2019

Please Print

Student Name: _____

YOG: _____

This acknowledges my decision to override the teacher recommendation to place my son/daughter _____ in _____.
Student Name *Name of Course*

Instead, I am requesting him/her to be placed in _____.
New Course/Level

I understand that his/her grade status will be reviewed when Progress Reports are issued during Term 1 of the next school year; if my child is not achieving at least a grade of 80% at that time, he/she will be moved into a CP equivalent class.

Parent/Guardian Name: (Please print) _____

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Please return to the HHS Guidance Department

Counselor Signature: _____ **Date:** _____

Notes: