



Melrose High School Limited Parental Override Policy

Dear Parent / Guardian:

Appropriate course selection and placement decisions help ensure a successful high school experience and help to avoid disruptions to a student's schedule during the school year. The teachers making recommendations are familiar with each student's interests, abilities and work habits, as well as the content and expectations of the high school curriculum. The criteria established to determine placement (*please see reverse side for details*) are designed to assist in the appropriate placement of students. When a student does not meet the prerequisites for taking a desired course, the student is obligated to take the course recommended by the teacher. If you wish to override the recommendation of your son / daughter's teacher in selecting a course for next year, please complete the form below.

Student's Name: _____

Year of Graduation: _____ Counselor: _____

Course name and number recommended by the teacher:

_____ # _____

Course name and number requested by the parent / guardian:

_____ # _____

In those instances where parents request an override of the teacher recommendation, and an override is granted, the student is allowed to take the desired course with the understanding that the student will remain in that course for the duration of the course. It is also understood the parent / guardian will make sure that the student is prepared for the desired or requested course.

There are two steps before a change can move forward. First, a conversation with the recommending teacher is required. Second, a conversation with the appropriate Curriculum Chair (department head) is required. When both of these steps are completed, your child's placement will be reviewed by the Curriculum Chair. The Curriculum Chair will discuss the request with you and if the decision is made to override the teacher's recommendation, this form will be forwarded to the Guidance Department for the change to be made.

Teacher's signature: _____ Date: _____
(indicates the teacher has had a conversation with the parent)

Curriculum Chair: _____ Date: _____
(indicates the curriculum chair has had a conversation with the recommending teacher and the parent/guardian)

"We understand the Melrose High School Override Policy as stated above and wish to continue with the override of the departmental recommendation."

Parent / Guardian's Signature: _____ Date: _____