



High School Course Request Change Form

Student Name (Last name, First name): _____ **Date:** _____

Teacher recommendations are based on multiple criteria: classroom performance, student's expressed interest, student attendance and results on standardized measures.

This form is for a parent/guardian to request a course different from the teacher's recommendation.

- ☐ It is suggested that the student and parent have a conversation with the current teacher about the course recommendation so there is an understanding of the rationale behind the teacher recommendation.
- ☐ Further information on courses and curriculum expectations can be found in the high school catalog (<http://www.hcpss.org/academics/approved-courses/>).
- ☐ Students and parents must understand that it may not be possible to transfer out of the course due to scheduling limitations. In addition, note that level changes will only be permitted in accordance with Policy 8020. For further information please refer to [Policy 8020](#).
- ☐ Requests received after the course request window is closed will be accommodated only if space is available.

Teacher Recommendation		Parent/Guardian Request		
Recommended Course Number	Recommended Course Title	Course Number	Course Name	*Prerequisite Met?

*If the prerequisite has not been met, the student cannot be registered for the course.

Student signature: _____

Parent/Guardian signature: _____