



GROTON-DUNSTABLE REGIONAL HIGH SCHOOL

COURSE/ LEVEL CHANGE REQUEST FORM

RECEIVED

Date:

Time:

- Check all that apply:
- Student new to the district
 - Incoming grade 9 student
 - Current student

*This form is due on or before
March 31, 2010
to the
Guidance Department*

This change form must be completed, signed and returned to the student's guidance counselor by the student or parent.

Student Name: _____ YOG: _____ Date: _____
Please Print

Guidance Counselor: _____ Recommended Course: _____

Course Change Requested: _____

To Student & Parents,

*Course change requests will be honored through **March 31, 2010**. Course change forms will not be accepted after this date. When parents and students request an override, they understand that it may not be feasible to move the student to a lower level should the need arise. It then becomes the responsibility of the student and parents to access academic support or assistance in or out of school.*

Parent Signature: _____ Phone or E-mail: _____

Curriculum Leader Comments:

- _____ 1. Course level change approved
- _____ 2. Course level change approved with reservation
- _____ 3. Course level change made without approval (parent override recommendation)
- _____ 4. Course level change denied
- _____ 5. Has not met prerequisite
- _____ 6. Not recommended by teacher

Curriculum Leader Signature: _____ Date: _____

Action Taken:

Guidance Counselor Signature: _____

CC: Curriculum Leader, Parent, Guidance Counselor, and Principal