Pine-Richland High School
Parental Override for Student Placement

PRHS carefully screens all students to ensure appropriate academic placement. However, some parents choose to override the school’s recommendations for placement. Completion of this form will initiate this process. Please keep in mind, Honors/pre-AP and Advanced Placement courses are the most rigorous courses we offer to our students. These demanding courses require faster pacing, in-depth understanding of complex concepts, critical reading, writing, thinking, and analysis, and a commitment of significant time to the course outside of class.

Agreement of Understanding

Please read and initial each statement below:

____ I understand that the placement of my child in a course, where they do not meet required prerequisites, is not recommended by the school and that I choose to override this placement decision.

____ I request that my child be placed in the desired course because:

(must be completed by the student/parent)

_________________________________________

_________________________________________

_________________________________________

____ I understand that placement in the desired course is possible only if staffing, class size, and scheduling conditions allow.

____ I understand that if my child is not successful in the desired course, a schedule change back to the originally recommended course will be considered based only at the start of second semester.

____ I understand that if my child’s schedule is changed the upper level course and the grade earned at the end of first semester will appear on the transcript. Likewise, at the end of the year, the lower level course and the grade earned at the end of second semester will appear on the transcript.

Course title recommended by PRHS _______________________________________________________

Course title requested by parent/student ___________________________________________________

Student Name (please print) ____________________________________________________________

Student Signature ________________________________________________________________

Parent Name _________________________________________________________________

Parent Signature _______________________________________________________________

Do not write below this line. FOR GUIDANCE ONLY.

Counselor name ________________________________________________________________

Date received in guidance ____________ Initials

Request approved _____________ Initials

Schedule change made _____________ Initials

Drop Teacher Emailed ________ Added Teacher Emailed ________

Admin Notes: