



BELLBROOK HIGH SCHOOL

SOARING TO NEW HEIGHTS

3737 Upper Bellbrook Road Bellbrook, OH 45305 (937)-848-3737

PARENT OVERRIDE OF A RECOMMENDED COURSE OF STUDY

To the Parent of _____ Date _____

Your son or daughter has been recommended to take _____

His/her present teacher believes that this placement is appropriate for the following reasons: (This portion must be filled out BEFORE the parent signs)

While we encourage you to honor this recommendation, you have the right to override it by initialing each statement below and signing the bottom of this form. A copy of this form will be given to you and the original will be placed in your child's file.

- _____ I understand that by overriding this recommendation, my child's GPA may be negatively affected. I accept responsibility if this occurs.
- _____ I understand that by overriding this recommendation my child will be deviating from the recommended course path, potentially impacting the availability of future courses for my student.
- _____ I understand that any further changes in course level must be approved by the administration, following a teacher/parent conference.
- _____ My request is to place my child into _____
For the _____ academic year.

Parent Signature

Date

BHS Administrator

Date