



# Parental Request to Override Teacher Recommendation

W.H. Croxford High School

Student Name	Course Requested	Prerequisite Course, Grade and Teacher Name

Please complete this form if you wish to register for a course in which you did not meet the recommended prerequisite grade level of achievement. (Due to remote learning, teacher recommendations have factored in to the student's course level.)

After discussion with student, parent and school staff, students will be placed in an agreed upon course level. When approval has been confirmed, the student will continue in the new course throughout the semester.

I failed to make the desired mark in the prerequisite course because .....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I plan to do the following in order to be more successful ....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I plan to support my child in the following way ....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Guidance Counsellor Signature \_\_\_\_\_

- Change made in Power School
- Student/Parent notified of result of Appeal
- I have completed a graduation plan in MyBluePrint

<b>Appeal Status:</b>	
Approved	Denied
Semester 1	Semester 2
Date: _____	
Administrator Signature: _____	

\*\*\*Return form to Student records