

# COURSE SELECTION PARENTAL OVERRIDE AGREEMENT

FAX TO: 407-975-2434

After giving much consideration to next years course level recommendations made by my child's teacher and counselor, I am requesting the override be made from:

\_\_\_\_\_ to \_\_\_\_\_,  
(Teacher Recommended Course and/or Level) (Parent Request Override Course and/or Level)

it is my judgment that my child can and will successfully complete all requirements for this course.

Please provide a basis for your request (Please include pertinent academic information (test scores, previous academic performance, etc..))

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Realize that this OVERRIDE places the responsibility of course selection totally on the parent, who is choosing not to follow the recommendation of the professional instructional staff. The results of this action are twofold: (1) your son/daughter will be placed in the course you choose; (2) your son/daughter will be required to stay in the course for its entire duration

At Winter Park High School it is our desire that your child master this course successfully. To ensure successful completion, the student should:

1. Have regular attendance (absence in instances of extreme illness only).
2. Complete all homework assignments.
3. Study nightly in order not to fall behind.
4. Engage a tutor if circumstances so dictate.

To ensure the success of your child, it is important for your child to be closely monitored for the duration of this school year.

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As the parent/guardian of \_\_\_\_\_ I choose to OVERRIDE the professional  
(Please print student name)  
course recommendation of my son's/daughter's teachers and request that my student be placed in \_\_\_\_\_ I understand that  
(Subject)

my signature below OVERRIDES the professional judgment for course selection and locks my son/daughter into this specific course for its entire duration.

I have read the above information and I am aware of the increased academic responsibilities of this request.

\_\_\_\_\_  
Parent signature Date

I have read the above information and I am aware of the increased academic responsibilities of this request.

\_\_\_\_\_  
Student signature Date