



Montclair High School

100 Chestnut Street – Montclair, NJ 07042 – 973-509-4118

Anthony M. Grosso – Principal

Override of Course Recommendation

Date: _____

Parent/ Caregiver of: _____

Grade: _____ Team _____ Counselor: _____

By signing below, I acknowledge the recommendation made by faculty, and understand that **any requested changes to my son or daughter’s schedule for the next school year (2020-2021) may not be possible due to enrollment numbers. Therefore my child would either need to stay in the chosen course or drop the course and lose credit.**

My son/daughter has been recommended by faculty for the following course(s):

I am aware that standardized test scores, assessment grades and classroom performance led to this recommendation from the faculty, which they believe would give my son/daughter the greatest chance of academic success. Despite this recommendation, I have made the determination that I would like my son/daughter to take the following course(s):

_____ **Requested Level** _____
_____ **Requested Level** _____

Parent/ Caregiver Signature: _____

Note: Students who elect to override into a course must remain in that course for a minimum of 1 quarter, before requesting a change back to a lower level. If a schedule change to a lower level is made, the grade from the override course will transfer to the new class, as part of the student’s academic record.