



MONTCLAIR PUBLIC SCHOOLS

MONTCLAIR HIGH SCHOOL

100 CHESTNUT STREET ~ MONTCLAIR, NEW JERSEY 07042

WWW.MONTCLAIR.K12.NJ.US

JAMES N. EARLE
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 (2014-2015) 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.** I also understand that the grade in the higher-level class will follow the student as an official grade of record.

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** _____
_____ **Requested Level** _____

Parent/ Caregiver Signature: _____