

Nathan Hale-Ray High School
Request to Review Middle School Recommendation

Student Name: _____ **Year of Graduation:** _____

I understand that my son/daughter, _____, has been recommended for placement in _____ by his/her teacher based on established department criteria and the Program of Studies.
(Course/Level)

I am requesting a review of this recommendation and that my son/daughter be placed in _____. I recognize that this placement request is not recommended and I will assume full responsibility for the results of this placement should a decision be made to honor this request. I further understand, should I later agree the placement I am requesting is not in the best interests of my son/daughter, a change back to the originally recommended course may not be possible or may require extensive schedule changes. As well, if a schedule change is not possible and/or approved by administration, I understand that my son/daughter may be required to remain in the placement I am requesting for the entire year even though he/she may encounter difficulties. I also agree to seek out private tutoring (and assume the possible cost thereof) for my son/daughter if he/she requires extensive assistance to be successful in the non-recommended placement.

(Once the request has been received by the high school Guidance Department, parents will be contacted to schedule a review meeting and to discuss the request.)

Unless specified otherwise, students are responsible for obtaining the following signatures:

Student Signature: _____ Date: _____

Parent Comments:

Parent Signature: _____ Date: _____

++After obtaining the above signatures, return this form to your school counselor++

Counselor Comments:

School Counselor Signature: _____ Date: _____