

Mt Diablo Unified School District
Clayton Valley High School
PARENT OVERRIDE FORM

Student Name _____
Last Name First Name

Note to Parent:

Prior to requesting a course override, we require parents to consult with the teacher making the course recommendation. It is important that students be placed in classes they will find challenging and in which they will be successful. Most colleges require at least a "C" in the required courses. Therefore, a "D" could have a negative impact on admission to a 4-year college and an "F" could have a negative impact on high school graduation.

Parent Request:

I have consulted with the teacher making the course recommendation and I am aware that my student's placement scores and/or grades qualifies him/her for placement in

_____ at _____ High School.

I do not accept this recommendation. I request placement for my student in

_____.

I will be responsible to see that my child progresses satisfactorily in this course.

I understand that a semester grade of D/F, or C in some cases, does not sufficiently prepare a student to succeed in this course at _____ High School.

I also recognize that my student **WILL NOT** be allowed to exit the course I am requesting. It will be necessary to remain in the class for the entire term of the course (semester or year).

Parent Signature _____ Date _____

Address _____

Telephone _____
Home Work