

# Summit High School – Course Override Form

This **OVERRIDE FORM** is used only for a course in which a parent does not wish to adhere to a teacher recommendation concerning the placement of their son/daughter in a specific class or class level.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Current Grade

\_\_\_\_\_  
Course Requested

\_\_\_\_\_  
Course Recommended

For School Year: \_\_\_\_\_

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_

Student Reason(s) for Override Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this Override Request Form, the student and parent agree:**

- Student will remain in requested class for the semester/year.
- With administrative approval, student may return to recommended class at semester break **ONLY** if there is space available.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Signatures below are for acknowledgement purposes only and do not denote agreement with the above contract.**

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date