



King Philip Regional High School

Guidance Office
201 Franklin Street
Wrentham, MA 02093
508-384-1000

Course Override Form School Year 2016-2017

Student Name: _____ Date: _____
(Please print clearly)

Prior to completing a course override form, students **MUST** have a discussion with their classroom teacher and/or the CTL/Department Head regarding the course recommendation.

I have conferenced with my teacher: _____ on the following date: _____

Teacher's name: _____ Teacher's signature: _____

Course Level Recommendations:

All academic courses offered at King Philip Regional High school are designed to prepare students for college. Honors and Advance Placement level courses require more independent reading and move at a faster pace than College Preparatory or Essential College Preparatory level courses.

Understanding:

Entrance into a course through an override contract should be done so only after *serious consideration*. Students should discuss desired course and level with current teacher and their parent/guardian.

Course Withdrawal Policy:

All students who enter a course through a Course Override Form will be required to remain in the selected course for at least the first quarter and will NOT be granted a course or level change. Course level changes can be initiated by the classroom teacher at their discretion.

Students may opt to pursue a level change only if:

- They hold an average of D (66) or below in the class they overrode.
- It is during the time period between when report cards are issued for terms 1 and 2.

Students with grades of a D+ or higher **MUST** remain in the course for the entire 2016-2017 school-year.

Any student who needs academic support to be successful should see their guidance counselor for resources.

Teacher recommended course:

Student selected course:

Course Name: _____

Course Name: _____

Course Level: _____

Course Level: _____

Course Number: _____

Course Number: _____

By signing below, I understand the policies outlined above.

Signature of Student: _____ Date: _____

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Return this completed form to your Guidance Counselor.