



EUGENE ASHLEY HIGH SCHOOL

COURSE OVERRIDE REQUEST

My son/daughter, _____, is scheduled for _____ . This course level was based on standardized test results, previous marks in the subject area, and/or teacher evaluation of class performance.

As a parent, I request that my child be enrolled in _____ . I take responsibility for placement in this class and realize that **it will be permanent** for the remainder of the semester.

Student Signature

Grade level

Parent Signature

Date

Counselor Signature (Signature does not authorize change)

Date

Principal (Student or parent must present to Principal for approval)

Date

Not valid without Principal's signature.

New Hanover County School system does not discriminate because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.