

For Override Only

You are strongly encouraged to follow the recommendations of your child's teachers and counselor regarding course selections. However, if you wish to continue with the override process, please provide the information requested below and return this form to the Guidance office. If necessary, you will be contacted by the appropriate Lakota West teacher (or department chair) for a conference intended to provide you with advice and information that can assist you in making the most appropriate choice for your child's academic placement.

Please understand, your son/daughter will be required to remain in the requested course through 1st quarter exam and since this placement would be the result of an override, your son/daughter will not be permitted to drop down to the originally recommended course during the 1st five days of the 1st semester without any consequences.

Student Name (printed): _____ ID #: _____

Current Course _____ Current Teacher _____

Course requested: _____

Parent Signature: _____ Date: _____

Parent Name (printed): _____

Parent email address: _____

Parent Cell Number: (____) - ____ - _____

Department Chair (or designee) _____ Mtg. Date _____

Notes:

Suggestion by Dept. Chair (or designee) after meeting:
