

## 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 1<sup>st</sup> 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 1<sup>st</sup> five days of the 1<sup>st</sup> 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:

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

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