

Southington High School Ninth Grade Academy Course Level Change Request

Date: _____ Middle School Attended: JFK JAD

Student Name: _____ Student Number: _____

We request that our daughter/son be enrolled in the following course level(s):

Course and Recommended Level	New Level

- Placement in this (these) course level(s) is contrary to the recommendation of your daughter/son's teacher and/or counselor.
- Enrollment in this (these) course level(s) may not provide an appropriate academic challenge for your daughter/son.
- Due to scheduling, it may not be possible to change your daughter/son's schedule to the originally recommended course level during the school year.
- To request a level change back to the original recommended course, she/he must demonstrate that she/he has accessed all of the appropriate resources offered at SHS. (Math Lab, Literacy Lab, after school appointments with teacher, Learning Academy, etc.)

Contact with your daughter/son's current middle school teacher regarding the original course recommendation occurred on:

Teacher	Subject	Date of Contact	Teacher Signature

Parent/Guardian Email Address

Parent/Guardian Signature

Student Signature

Counselor Signature

Office Use Only- Log-Entry Date: _____