

**Southington High School  
Advanced Placement Course Override Request**

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

**We request that our daughter/son be enrolled in the following Advanced Placement course(S):**

**Advanced Placement Course(s)**

|  |
|--|
|  |
|  |

**Parent- Please read and initial each item below:**

\_\_\_\_\_ 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 teachers, National Honors society tutoring, etc...)

**Since your child does not meet the minimum academic requirements for an Advanced Placement Course, parent AND student contact with the AP Teacher MUST occur.**

**AP Teacher Subject Date of Parent/Guardian Contact**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **Student Signature**

\_\_\_\_\_ **AP Teacher Signature School**

\_\_\_\_\_ **Counselor Signature**

*Counseling office use only:*

*Date Received: \_\_\_\_\_ Change Request Made in PowerScheduler: \_\_\_\_\_ Date Logged: \_\_\_\_\_*