Course Override Form

Student Name _______________________________ Date _____________________

Desired Course Name _______________________________________________________

Course Prerequisite(s) with grade earned in each:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

I have consulted with my child’s current teacher in this subject area.

I understand the following:

- My child’s current teacher has not recommended this course for my child at this time.
- My son/daughter may drop the course following the procedure outlined in the Course Planning Guide. However, the drop may result in a grade of ‘W’ as the final grade.
- My child may not be able to change to a lower level course
- Should a dropped course result in excessive study halls, my child will have to add a new course as soon as this/her schedule permits.

Parent/Guardian’s signature _________________________________________________________

Parent Cell # _____________________________ Parent email ________________________________

Student Signature ___________________________ Student cell # __________________________

Current teacher’s signature ____________________________________________________________

T (740) 657-5900 · F (740) 657-5948 · www.olentangy.k12.oh.us