

DULUTH HIGH SCHOOL

PARENT REQUEST FOR RECONSIDERATION OF PLACEMENT

A change in courses may require the entire schedule to be altered.

PLEASE PRINT OFFICIAL

Student Name _____ Student Number _____

Parent Name _____ Home Phone _____

Parent Email Address _____ Work Phone _____

Student is currently placed in _____

I request student be placed in _____

Reason for Request:

Please note:

Teachers have worked very diligently to recommend courses for your child that will challenge as well as provide a reasonable opportunity for success. Each year there are a few parents who request that their student be placed in a more difficult level. Often students who are waived to a higher level struggle and fail. Given the increasingly demanding requirements for high school graduation, it would be wise to begin at the recommended level. Please give this your careful consideration.

I have discussed the above request with the student.

Teacher/Dept Chair Name: _____

Teacher/Dept Chair Signature: _____ Date _____

Agree with request

Have reservations regarding request

I have read the above and want my child placed in the requested course. I understand my child must stay in this level until the end of the semester.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Contact information (email address or phone number) _____