



West Anchorage High School

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“Home of the Eagles”

Class Placement Parent Request Form

I am requesting that my son/daughter, _____ be placed in _____ for _____ semester of the _____ school year.

I understand that he/she has not met the prerequisites for this class according to the Anchorage School District Program of Studies and/or that he/she has not been recommended for the course by the teacher.

I accept the responsibility for this placement, and I understand that once _____ has been placed in the class, he/she will remain there for the entire semester.

Parent

Date

I, _____ have read the above information with my parent(s) and understand the requirements for the requested placement. I have chosen to accept the responsibility for committing myself to the level of effort expected within this class.

Student Signature

Date

STUDENT ID #

Approved

Counselor

Date

Approved

Curriculum Principal

Date