



Anchorage School District
**PARENT REQUEST FOR CHANGE
IN ACADEMIC PLACEMENT**

Student Name _____ **Date** ___/___/___

Grade _____

My son / daughter has been recommended for placement in _____.

However, I request that placement be changed to _____.

The reason(s) for the request:

I understand that one or more Anchorage School District professional educators feel my student should not take the placement I request because:

I understand and agree to the following conditions for the change in placement:

- If my son / daughter fails the course, he / she will be denied credit.
- My son / daughter will remain in the course for the **entire** semester.
- My son / daughter may delay his / her graduation date due to failure of a class.

Student Signature _____ /___/___

Parent Signature _____ /___/___

<i>RECOMMENDATION FOR PARENT/STUDENT/TEACHER CONFERENCE</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
COUNSELOR SIGNATURE	_____	Date	_____
CURRICULUM PRINCIPAL SIGNATURE	_____	Date	_____
CC: Recommending Teacher, Counselor, Student's Cumulative File			