

**Rocky Hill High School**

**Request for Change in Level for the 2017-2018 School Year**

I request that \_\_\_\_\_, be allowed to take the following classes:  
(Student name)

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I understand that he/she has not been recommended for and/or does not meet the minimum grade requirement for the class/classes listed above. I recognize the possible consequence of our decision (i.e., frustration, poor performance or failure), and I am prepared to take responsibility for this request.

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

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

\_\_\_\_\_  
Student Grade This Year

\_\_\_\_\_  
Student Grade Next Year

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please return this form to your School Counselor by February 9, 2017.  
Any form submitted after this deadline will not be accepted.**