

Rocky Hill High School

Request for Change in Level for the 2018-2019 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, 2018**. Any form submitted after this deadline will not be reviewed until the beginning of the 2018-2019 school year.