

Date Received by Guidance: _____

Springfield Township High School 1801 East Paper Mill Road Erdenheim, Pennsylvania 19038 215.233.6030

Parent/Guardian Request for Change in Placement

Student Name: _____

Grade: _____

Purpose of Recommended Placement:

Springfield Township High School offers courses in the major content areas that are diversified based on ability and achievement. Established criteria are considered by professional staff as they recommend placement in classes for the following year.

Exceptions to Placement: There are some cases in which a student or parent/guardian desires a change to the recommended placement. In such cases, a request for change in placement may be made. Depending on availability of seats, the student may be placed on a waitlist based on the order that the form is received by the guidance department. Please note that no change in placement can be made that will result in an overload of students in a class.

Only one course override will be honored per student each academic year. All Parent/Guardian Request for Change in Placement forms must be returned to the Guidance Department by June 8th.

I have read the Parent/Guardian Responsibility for Student Placement statement and understand the implications of requesting a change in course placement. It is understood that the student will receive support for the course at the same level as the others in the class. **If change in placement is approved, I agree that my son/daughter will remain in the new class for the duration of the current school year.**

Course Recommended

Course Requested

Parent/Guardian Signature

Date

Counselor Signature

Date

Student Signature

Date

- Approved
- Not – Approved

Administrator

Date