## Hempfield High School School Counseling Services 200 Stanley Avenue, Landisville PA 17538 717-898-5545

## **Course Level Change Request Form**

Dear Parent/Guardian,

The teacher has made a course recommendation for your child. This recommendation was based on the teacher's professional judgment, placing your child where they can be successful.

As the child's parent/guardian, you have the option to override this recommendation and request that your child be placed in a different course level. However, if you exercise the right to change the recommended course level, your child will not be permitted to change the course level at a later point in the school year.

If you have questions or concerns about the course recommendation made, please contact the teacher who made the recommendation:

| HHS: 717-898-5500  | CMS: 717-898-5580  | LMS: 717-898-5607  |
|--|--|--|
|  | ecommendation, have communionships to enroll my child in the follow                      | 0 0  |
| Student Name:  |  |  |
| Original course recommenda   | ation (including level):   |  |
| New course request (including  | ng level):   |  |
| As a parent/guardian, I am willing to do the following to ensure that my child will be successful in the course: |  |  |
| <ul><li>Limit my child's job hou</li><li>Provide transportation f</li><li>Provide for private tutor</li></ul>    | tion and project organization<br>rs during the school week<br>or extra help if scheduled |  |
|  |  | ave an impact on my child's post-<br>your student's school counselor |
| Student Signature  | [  | Date   |
| Parent Signature   | ſ  | Date   |

**DEADLINE: Tuesday, August 1, 2017**