



**GROTON-DUNSTABLE REGIONAL  
HIGH SCHOOL**  
**COURSE/ LEVEL CHANGE REQUEST FORM**

**RECEIVED**

Date:

Time:

- Check all that apply:
- Student new to the district
  - Incoming grade 9 student
  - Current student

***This form is due on or before  
March 31, 2008  
to the  
Guidance Department***

This change form must be completed, signed and returned to the student's guidance counselor by the student or parent.

Student Name: \_\_\_\_\_ YOG: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Guidance Counselor: \_\_\_\_\_ Recommended Course: \_\_\_\_\_

Course Change Requested: \_\_\_\_\_

*To Student & Parents,*

*Course change requests will be honored through **March 31, 2008**. Course change requests made after this date will be made on a first-come-first-serve basis. All requests for a change in course or level will be logged in at the Guidance Office as they are received. All seats will be filled and a waiting list will be developed should the number of requested changes warrant such action.*

*When parents and a student request an override, they understand that it may not be feasible to move the student to a lower level should the need arise. It then becomes the responsibility of the student and parents to access academic support or assistance in or out of school.*

Parent Signature: \_\_\_\_\_ Phone or E-mail: \_\_\_\_\_

Curriculum Leader Comments:

- \_\_\_\_\_ 1. Course level change approved.
- \_\_\_\_\_ 2. Course level change approved with reservation.
- \_\_\_\_\_ 3. Course level change made without approval (parent overrode recommendation).

Curriculum Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken:

Guidance Counselor Signature: \_\_\_\_\_

CC: Curriculum Leader, Parent, Guidance Counselor, and Principal