



ALA Course Selection Override Form

This form must be submitted by students and their parents when they seek to enroll in a class that does not align with the teacher recommendation, which is based upon student academic performance data (classroom performance test scores, behavior, etc.). ALL SECTIONS MUST BE COMPLETED to process a request. Please return forms to Sara Lipsey.

Student Name (first / last): _____

Current Grade: _____

Advisory Teacher: _____

Desired Class: _____

Teacher Recommended Class: _____

**Student/Family Reason
For Override Request:** _____

By signing below, I understand that my child was not recommended for the class that this form is being submitted for. I recognize that my child will not receive any special treatment or interventions and will be expected to meet all of the academic rigor standards required of the course.

Student Signature: _____

Parent Signature: _____

FOR OFFICE USE ONLY

Administrator Action: _____ **Override Request APPROVED**
_____ **Override Request DENIED**