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Walter C. Polson Middle School

8th Grade MATH PLACEMENT - OVERRIDE FORM

Student Name: _____

Current Math Teacher: _____

- ☐ I have contacted my child's math teacher about this recommendation.

Recommended for:

- ☐ Pre-Algebra B
- ☐ Pre-Algebra
- ☐ Algebra
- ☐ Geometry

Requesting:

- ☐ Pre-Algebra B
- ☐ Pre-Algebra
- ☐ Algebra
- ☐ Geometry

I understand that this request is in conflict with the teacher's recommendation, and I assume responsibility for this change in my child's school program.

Further, I understand the possibility of the following:

- This override may necessitate a change in my child's overall class schedule and team placement.
- My child must maintain a minimum grade of C for the first trimester in order to remain in the requested class.
- In the event that my child does not earn the minimum grade required in order to remain in the requested class, a change in my child's overall class schedule and/or team assignment may be necessary.

Parent Signature

Date

Frank Henderson, Principal

Date

Polson

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