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### Walter C. Polson Middle School

## MATH PLACEMENT – OVERRIDE FORM

Student Name: \_\_\_\_\_

Grade (Fall 2015)/Counselor:      7<sup>th</sup>/ Charlene Doane      8<sup>th</sup>/ Don Cramer

Current Math Teacher: \_\_\_\_\_

I have contacted my child's current math teacher regarding this override request. Yes  No

#### CHANGE REQUESTED:

##### Recommended for:

- Math 7
- Pre-Algebra
- Pre-Algebra B
- Algebra

##### Requesting:

- Math 7
- Pre-Algebra
- Pre-Algebra B
- Algebra

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*

*Perseverance • Respect • Integrity • Dedication • Enthusiasm*