



# BEARDEN HIGH SCHOOL - ACADEMIC RELEASE FORM

*Request for change in academic rigor/course level of **2019 - 2020 Online Registration Recommendation(s)***

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

**2019 - 2020 Grade Level:** \_\_\_\_\_

**Student Statement:** If the request below is to drop down in rigor (ex: AP to CP), you must provide a statement that you would share with college admission staff justifying this request. \* If moving up rigor level (ex. CP to AP), statement is not required.

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My signature below indicates that I wish to override the placement decision made by the faculty, administration and counseling department at Bearden High School. I am requesting that my student be enrolled in the course(s) named below, although academic data and performance records were used for placing my student in the appropriate level of courses. I take academic responsibility for this decision. I understand that my student's schedule will not be changed, if he/she is unsuccessful in the new course.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Email / Phone:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Email / Phone:** \_\_\_\_\_

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**Requesting recommended course/level change of** \_\_\_\_\_ **to** \_\_\_\_\_.

**Recommending Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Agree**  **Disagree**

**Comments:** \_\_\_\_\_

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**Requesting recommended course/level change of** \_\_\_\_\_ **to** \_\_\_\_\_.

**Recommending Teacher's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Agree**  **Disagree**

**Comments:** \_\_\_\_\_

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**\*\* Counselor and Administrator's portion/decision on the back \*\***

Note: This form must be submitted to the student's school counselor. The school counselor will then provide past academic information, and submit to the student's grade level administrator. Administration will subsequently review the requested change(s) and contact you if additional discussion regarding the change is needed.

*– The below information is for office use only –*

**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Agree**  **Disagree**

**Comments:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Agree**  **Disagree**

**Comments:** \_\_\_\_\_

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Note: This form must be submitted to the student's school counselor. The school counselor will then provide past academic information, and submit to the student's grade level administrator. Administration will subsequently review the requested change(s) and contact you if additional discussion regarding the change is needed.