



## RISING 9<sup>TH</sup> GRADE ACADEMIC COURSE / LEVEL CHANGE FORM

*\*The legal parent/guardian must complete this form and submit it to the counseling office. The school counselor will review student .data and submit your request to the curriculum principal for consideration.*

I, the undersigned parent/legal guardian of \_\_\_\_\_, **Student's Name**  
request that my child be moved to \_\_\_\_\_ instead of the level that  
**Course/Level**  
was recommended by the South-Doyle Middle School professional staff. I assume full responsibility for this decision on behalf of the named student, and I understand that if my request is approved, my child must remain in this class for the remainder of the semester's grading period.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Phone:** \_\_\_\_\_

**Parent/Legal Guardian Email:** \_\_\_\_\_

**EXPLANATION for REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



southdoylehs.knoxschools.org

*This box is for office use only.*

**Originally Recommended Academic Course / Level by SDMS Professional Staff:**

\_\_\_\_\_ I APPROVE this parent/legal guardian request for a change of course/level.

\_\_\_\_\_ I DISAPPROVE this parent/legal guardian request for a change of course/level

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

