



West Valley Middle School

9118 George Williams Road
Knoxville, TN 37922
Phone: (865) 539-5145
Fax: (865) 539-5155

ACADEMIC RELEASE

Academic data and performance records are used for placing students in the appropriate level of courses. Because these placements are believed to be ones that will provide students with the greatest opportunity for academic success, requests for changes are strongly discouraged. However, if a parent/guardian feels that such a change needs to be considered, this academic override request must be completed. Submission of this form does not guarantee a class change. Administration will review the requested change and contact you if additional information regarding the change is needed.

I, the undersigned parent/guardian of _____, request that he/she be enrolled in the course listed below during the _____ school year at West Valley Middle School. I am aware of the possible educational implications of this request since it is contradictory to the recommended course level indicated by his/her academic performance and potential thus far. I take full responsibility for this decision if the request is granted. Furthermore, I understand that no changes will be made after the first nine weeks of school.

Please change from _____ to _____

Reason for request: _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Email: _____

Administrator Comment/Decision: _____
