



Farragut High School

Academic Override Form

Academic data and performance records are used for placing students in the appropriate level of courses. Course placements are believed to provide students with the greatest opportunity for academic success; therefore, 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 subsequently review the requested change and contact you if additional information regarding the change is needed.

Student Name: _____

2026-27 Grade Level: _____ **Academy (circle one):** 9th ACL BUS HHS STEM

Requesting change from _____ **to** _____

Student Statement: Please provide a statement justifying your request to change the teacher recommendation.

My signature below indicates my awareness of the level of change requested. I am aware of the possible educational implications of this request since it is contradictory to the recommended course level indicated by my student's academic performance and potential thus far. I take full responsibility for this decision if this request is granted, and understand that additional academic support may have to be provided by me for my child to be successful. *If changes are granted, I understand that my student will not be permitted to change their schedule back to the original placement after the first two weeks of the semester.*

Student's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

- The below is for staff use only -

Counselor's Signature: _____ **Date:** _____ **Agree** **Disagree**

Comments:

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