

Sending School \_\_\_\_\_ Receiving School \_\_\_\_\_

## PARENT REQUEST FOR CHANGE OF PLACEMENT

RISING 9<sup>TH</sup> GRADE

\_\_\_\_\_  
Student Name (print last name, first name, middle initial)

\_\_\_\_\_  
NCWISE#

I am requesting the following change of placement for my child for the 2008-09 school year:

From: \_\_\_\_\_ to \_\_\_\_\_  
Course Name/Number Course Name/Number

I have discussed this change with my child's current teacher on \_\_\_\_\_, 2008. (date)

I understand that this change does not reflect the school recommendation.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Parent Email \_\_\_\_\_ Student Email \_\_\_\_\_

Note: The student should be prepared to remain in the course for the entire term. Except when approved by the principal, students are not allowed to drop a course after the first ten days of school. Because of class size requirements, the master schedule matrix, and scheduling conflicts, a schedule change may not be possible after the school year begins.

Please complete and return to your 8<sup>th</sup> grade school counselor.