

Bridges Preparatory School

555 Robert Smalls Parkway
Beaufort, South Carolina 29906

RECOMMENDATION OVERRIDE FORM

I am requesting that _____ be placed in _____
(Child's Name) (Course Name)

I understand that this is contrary to the teacher's/school's recommendation.

Teacher Recommended Course: _____

Course Requested by Parent: _____

Check one of the following:

1. _____ **Waiving Up in a Course:** Most importantly, I understand that he/she WILL NOT be allowed to drop or change this course or its level after the end of the first 9 weeks (45th day) of the school year, even if he/she is unsuccessful in the course. Additionally, the STUDENT and PARENT WILL TAKE FULL RESPONSIBILITY for any negative consequences that may occur as a result of this decision. The individual attention given to a student is based on assumption that the student enters the class at the expected ability level. This is why students are strongly encouraged not to register for a course against recommendation.
2. _____ **Waiving Down:** I am requesting to have my son/daughter move down a level within a specific class OR not take a class that is HIGHLY RECOMMENDED by his/her teacher and/or counselor. I understand that if this decision later adversely affects: college admission, scholarship eligibility, entry into certain programs, etc.; I am waiving the responsibility of the school and counselor.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Name (Print) _____ Date: _____

Teacher Signature _____ Date: _____

Note: A parent must be present or available by phone to confer with the counselor before any override change can be honored. Also, any student that wishes to level up to Advanced Placement (AP) courses will have to wait until all grade level appointments for their classification have been completed to be added to the requested course in order to determine if space is available to accommodate the request.