



# LOWER MORELAND HIGH SCHOOL

555 Red Lion Road, Huntingdon Valley, Pennsylvania 19006

*Expanding Horizons...  
Individualizing Excellence*

*Mr. William Miles  
Principal*

## Parent/Guardian Request For Placement Change

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

### PURPOSE OF RECOMMENDED PLACEMENT

Lower Moreland High School offers courses in the major content areas that are diversified based on ability and achievement. Established criteria are considered by professional staff as they recommend placement in classes for the following year.

### EXCEPTIONS TO PLACEMENT

There are some cases, on an infrequent basis, in which a student or parent/guardian desires a change to the recommended placement. In such cases, a request for change in placement may be made. Depending on availability of seats, the student may be placed on a wait list. By late August, students on the wait list will be rank ordered, based upon past performance in reference to the standards for placement set by discipline and may be admitted to the course depending upon availability of space. Please note that no change in placement can be made that will result in an overload of students in a class.

In order to begin this process, the Parent/Guardian Request for Placement Change form must be completed and returned to the Guidance Department by July 29. Please note: only one course override will be honored per student each academic year.

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I have read the Parent/Guardian Responsibility for Student Placement statement and I fully understand the implications of requesting a change in course placement. I understand that my child will be placed on a wait list and based on space availability, after an evaluation process, may or may not be scheduled into the desired course. Furthermore, if a change in placement is approved I agree to accept the responsibility for this placement and I understand that my son/daughter will remain in the new class for the duration of the current school year. It is understood that the student will receive support for the course at the same level as others in the class.

\_\_\_\_\_  
Course Recommended

\_\_\_\_\_  
Course Requested

\_\_\_\_\_  
Counselor Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

**Approved:**

**Not Approved:**

\_\_\_\_\_  
Principal Signature      Date

\_\_\_\_\_  
Principal Signature      Date

Change of Recom (2016)