

**HINGHAM PUBLIC SCHOOLS
PARENTAL REQUEST FOR RECOMMENDATION OVERRIDE**

Student Name _____ Grade _____
Address _____ Phone _____ Email _____

English /Language Arts:

Current Teacher: _____ Teacher Course Recommendation _____
Current English Course: _____ Grades: Term I _____ Term II _____
Term III _____ Term IV _____

Parent Course Request: _____

Social Studies:

Current Teacher: _____ Teacher Course Recommendation _____
Current Social Studies Course: _____ Grades: Term I _____ Term II _____
Term III _____ Term IV _____

Parent Course Request: _____

Mathematics:

Current Teacher: _____ Teacher Course Recommendation _____
Current Mathematics Course: _____ Grades: Term I _____ Term II _____
Term III _____ Term IV _____

Parent Course Request: _____

Science: If you are requesting a science change, please indicate math grades as well as science grades.

Current Teacher: _____ Teacher Course Recommendation _____
Current Science Course: _____ Grades: Term I _____ Term II _____
Term III _____ Term IV _____

Parent Course Request: _____

Please describe your reasons for requesting a recommendation change (additional information may be attached).

Parent/Guardian signature: _____ Date _____