



HAMBURG AREA HIGH SCHOOL

701 Windsor Street, Hamburg, PA 19526-0401

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A great place to live and learn.

Course Override Request

Student's Name: _____ Grade: _____

COURSE RECOMMENDED BY TEACHER: (Please Drop This Course)	
COURSE REQUESTED BY PARENT: (Please Add This Course)	

I am requesting to override the teacher's recommended course because:

_____ (continue on the back if needed)

**** I take responsibility for this decision and understand that the class may not be changed/dropped after the start of the school year.**

**** If I am asking for my son/daughter to move to a more advanced class, their teacher will give them the same amount of time other students receive but no extra tutoring will be available.**

**** I have spoken with my child's current teacher about this recommendation on _____ (date).**

Please sign below and return to the Counseling Office

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Approved Not Approved
Principal's Signature _____ Date Received by the Counseling Office: _____
Date _____ Counselor Signature: _____