



*The High School*  
244 High Street  
Newburyport, Massachusetts 01950

Tricia Blackstock  
Director of Guidance

Jeanna Guardino  
Special Ed Team Coordinator

Kyle Hodsdon  
Director of Athletics

Michael Testa  
Associate Principal

Andrew Wulf  
Principal

**Course Level Change Request Grade 8 to 9**

Student Name: \_\_\_\_\_ Current  
School: \_\_\_\_\_

**Requested Change**

From: Course Name: \_\_\_\_\_ To: Course Name: \_\_\_\_\_  
\_\_\_\_\_

**Requested Change**

From: Course Name: \_\_\_\_\_ To: Course Name: \_\_\_\_\_  
\_\_\_\_\_

This is to acknowledge your **request** for a change in the course assignments recommended for your student for the next academic year. We believe the recommendations of our professional staff are based upon their assessment of your child's educational needs, and knowledge of their past academic achievement. However, we recognize your right as a parent/guardian to disagree with these recommendations and, in the final analysis, you may **request** an override to recommendations.

Before making a final decision, we believe it is important for you to understand the possible educational and scheduling ramifications of your request.

- **Students who have entered a course via a level change request may only move down a level after the first semester, and only if there is room in a class and it does not disrupt the other courses. Withdrawing from a course is noted as a WD on the student's transcript.**
- **\*Waivers are granted based on space availability in the course.**

*If, after careful consideration of all the factors involved, we wish to pursue this course change request.*

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\_\_\_\_\_  
Signature of Parent/Guardian

Date

**\*Please note: Signature does not guarantee approval of Level Change.**