



Anchorage School District
**PARENT REQUEST FOR CHANGE
IN ACADEMIC PLACEMENT**

Student Name _____ **Date** ___/___/___

Grade _____

My son / daughter has been recommended for placement in _____.

However, I request that placement be changed to _____.

The reason(s) for the request:

RECOMMENDATION FOR PARENT/STUDENT/TEACHER CONFERENCE Yes No

COUNSELOR SIGNATURE _____ Date _____

CURRICULUM PRINCIPAL _____ Date _____
SIGNATURE

CC: Recommending Teacher, Counselor, Student's Cumulative File