# ÉCOLE SECONDAIRE FOOTHILLS Composite High School

Mr. V. Hunter Principal <u>hunterv@fsd38.ab.ca</u> THILLS OOL Ms K. Strilchuk

Vice Principal strilchukk@fsd38.ab.ca



Vice Principal markidesd@fsd38.ab.ca Ms R. Reid Vice Principal reidr@fsd38.ab.ca

Student Name	Grade	– Date
Course requested	Course recommended	

Previous course \_\_\_\_\_ Previous Teacher \_\_\_\_\_ Final mark \_\_\_

# **REQUEST TO CHALLENGE COURSE PLACEMENT**

Teacher recommendations are provided on a student's final semester report card to assist in accurate course placement for the next level. These recommendations carefully take into consideration a variety of factors; such as academic achievement, ability, commitment to learning, as well as the increased level of difficulty and complexity in the next course level. Students who wish to go against recommendations may be putting their academic success at risk. Program recommendations are outlined in the course handbook.

# \*\*\* STUDENTS MUST COMPLETE THIS FORM IN THE FOLLOWING ORDER \*\*\*

1. <u>STUDENT</u>: What is the reason for your request? What mark do you expect or need?

2. Teacher's comments and signature:

Teacher's Name

Teacher Signature

2		🗌 Yes	🗌 No	
J.	Do you have an ILP (Individual Learning Plan)?			



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Mr. V. Hunter

Principal

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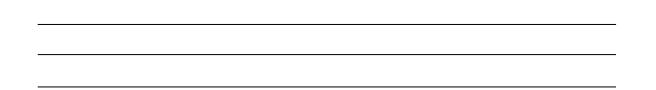


Ms K. Strilchuk Vice Principal <u>strilchukk@fsd38.ab.ca</u> Mr. D. Markides Vice Principal <u>markidesd@fsd38.ab.ca</u> Ms R. Reid Vice Principal reidr@fsd38.ab.ca

**ALBERTA HIGH SCHOOL** 

**OFFINEARTS** 

4. Outline your plan of how you're going to bring up your grades between now and June, improve your work ethic and demonstrate your improved focus on academics. We will gladly reconsider your academic placement in late June or last week in August if you have successfully demonstrated improvement, have completed a summer school course, or have provided other evidence of success.



- 5. <u>PARENT/GUARDIAN</u>: We have been advised that our son/daughter should enroll in the recommended course and are aware of the risks of not doing so. It is our decision to:
  - Enroll in the teacher recommended course
  - Go against teacher recommendation and enroll in the course requested by the student

Parent's Name

Parent Signature

Date

#### Form MUST Be Returned To Your Guidance Counsellor Or Admin Before Any Changes Will Be Made

\*\*\* A Copy Of This Form Will Be Provided To Your Teacher \*\*\*

Counsellor / Administrator's Comments and Signature

Counsellor | Admin Name

Counsellor | Admin Signature

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