

**GOSHEN HIGH SCHOOL PARENT CHOICE FORM
2019-2020 SCHOOL YEAR**

Student's Name: _____

I understand that my child was not recommended for a particular level (Honors, A.P. or a D.C.) of course(s) by his/her teacher(s) based on current testing data and classroom performance. I am choosing to have my student select a more advanced level course than was recommended by his/her teacher(s) for the 2019-2020 school year. I understand that by selecting for my student to take a higher level course than was recommended, that he/she is REQUIRED to complete at least one full semester of this higher level course before any schedule changes regarding this course can be made.

Please list the courses which your child will be selecting:

Recommended Course from Teacher(s)	Parent Choice Alternate Course(s)

By signing below you are electing for your child to select a higher level course than was recommended by his/her teacher(s) and that he/she will remain in this higher level course for at least the first semester.

Parent Signature: _____

Student Signature: _____

Date: _____