

SUNMAN-DEARBORN MIDDLE SCHOOL

TROJANS

PHONE: 812-576-3500

8356 SCHUMAN RD.
ST. LEON, IN 47012

FAX: 812-576-3506

COURSE REQUEST APPEAL FORM

Student's Name: _____

Your daughter/son has been *placed* in the following course for next year:

Your daughter/son is *requesting* to take the following course:

The principal or counselor will meet with content appropriate teacher(s) to determine if your daughter/son's class request will or will not be approved. If your course request changed is approved the school will re-evaluate your daughter/son's class placement is appropriate. If your daughter/son struggles with the content the school does reserve the right to move your student's placement.

Parent signature _____

Date; _____

Email: _____

Phone: _____

Administration Approval

YES

NO

More Info. Needed