

Roslyn High School Counseling Center

Self-Selection Form

Student's Name _____ Date _____

Counselor _____ Grade _____

Dear Parent/Guardian;

Your child has chosen a course other than the course recommended by the classroom teacher in the area(s) listed below. This form must be completed in order to update your child's program for next year. Changes will not be made until the form is returned.

Teacher Recommendation	Student's Self-Selection

Parent Signature _____ Date _____

Phone _____

Due: Must be returned by January 28th, 2022

Please Note: A change in course selection after the schedule has been developed is on a space availability basis. Furthermore, once the school year has begun, a level/course change may result in the rearrangement of the student's schedule and/or a section may be unavailable.

Therefore, all self-selection decisions should be made with careful thought and consideration.

Sincerely,

**Tanya Baptiste
Director of K-12 Guidance**

Cc: Department Chair _____