

Roslyn High School
Counseling Center

Student's Name: _____

Date: _____

Counselor: _____

Grade: _____

Dear Parent/Guardian:

Your child has chosen to take a course that was not recommended by the classroom teacher in the area 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: _____

Department Chair Signature: _____

Due: **Form must be returned by January 26th, 2024**

Please note: Our ability to accommodate changes after the initial selection depends on space availability. 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: _____