

**ADDEMDUM F**

**TENAFLY HIGH SCHOOL**

**REQUEST TO APPEAL COURSE LEVEL RECOMMENDATIONS**

**Request must be received by February 10 to be considered.  
You will be informed of a decision by March 14.**

Before submitting this form, please review "The Appeal Process" section in the *Program of Studies*.

Course level placement recommendations are made for each student based on the assessment of our professional faculty. The faculty recommendations are based upon the student's demonstrated educational performance and needs and the teachers' knowledge of the expectations of the courses in their departments.

Course level placement recommendations may be appealed by completing and submitting this form to the classroom teacher. **All appeals must be submitted no later than February 10.** The decision of the Content-Area Supervisor will be based on all available data and conversations with the applicable teacher(s), the school counselor/case manager, the student, and parents. Students and/or parents who disagree with the supervisor's decision may then appeal to the Vice Principal and, finally, the Principal. Parents and/or students who choose to progress through the various levels of appeal should complete and submit this same appeal form.

Prior to filing an appeal, parents and/or students should speak with the teacher who made the original recommendation. It is critical to garner insight into the rationale for the original recommendation prior to appealing the recommendation.

Parents and students must be aware of several important ramifications if an appeal is submitted and if the request for the appeal is granted. For example:

\* Once the school year begins, class size limits and other considerations may prevent a student from changing classes. If a change is possible, it may involve rearranging the entire schedule and result in undesirable outcomes.

\* Withdrawal from a full-year course after the end of the first week after marking period 1 interim progress reports (as opposed to moving into the same course at a different level) may result in a "Withdrawn Failure" or "Withdrawn Pass" grade being recorded on the student's permanent transcript for that course. Please see "Scheduling and Level Changes" section in the *Program of Studies*.

Please complete the requested information below and return it to the appropriate person as described above. It is extremely important that each progressive step of the appeal process is followed and honored. If you have any additional questions regarding this issue or other scheduling considerations, please contact the appropriate guidance counselor.

Name of Student: \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

Student's school e-mail address: \_\_\_\_\_@tenafly.k12.nj.us (Note: School personnel will use Tenafly High School e-mail addresses to contact students. It is the responsibility of the student to check this e-mail address regularly as appointment times may be communicated via e-mail).

Home telephone # \_\_\_\_\_

Student's Counselor: \_\_\_\_\_ Case Manager (if applicable) \_\_\_\_\_

Current Teacher: \_\_\_\_\_ Current Course: \_\_\_\_\_

Requested Change from Course # \_\_\_\_\_ Title: \_\_\_\_\_

to Course # \_\_\_\_\_ Title: \_\_\_\_\_

**Please explain why you believe your appeal should be granted. Feel free to attach a separate sheet of paper if necessary.**

**Please list all other courses for which you have been recommended for the following school year:**

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**Please list all courses for which you are currently seeking placement through the appeal process:**

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**Please sign in the appropriate place below.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_

Case Manager signature required? YES \_\_\_\_\_ NO \_\_\_\_\_

Case Manager signature (as indicated) \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Teacher input:

Supervisor notes: