



BAYONNE HIGH SCHOOL
Department of Student Personnel Services
667 Avenue A, Bayonne, NJ 07002
Renaë M. Bush, Director



DUE BY:
Monday, April 24, 2023

Appeal Level Change Request

Revised 1/23/23

This form is to be completed by students ONLY if they have NOT met the criteria for placement in a course AND a Director has denied their request to take the course.

Student Name:	Student ID #:
Grade Level :	Counselor Name:
School Year:	Homeroom:

Student placement is based on multiple measures including: teacher recommendation, standardized test scores, and academic performance. For specific criteria for placement, turn to page two of this form.

Recommended Course and Level	
Course and Level Requested	

***For each appeal requested, a separate Appeal Level Change Form is required.**

TO BE COMPLETED BY STUDENT:

I understand the school's recommendation that my academic needs will be best served in the _____ classroom instead of _____. After carefully considering this recommendation, I will like to be given the opportunity to enroll _____ because I believe I am capable of succeeding at this level and it will help me accomplish my personal and academic goals.

If placed in this program, I understand I am making a commitment to put forth the time and effort required to be successful in meeting the rigorous course expectations. Based on my performance as a waiver student, I will not be removed from this course based on my academic performance.

Student Signature: _____ Date: _____

TO BE COMPLETED BY PARENT:

I support my student in making this decision. We have thoughtfully considered and discussed his/her test scores, classroom performance, work habits, motivation, individual learning style, and academic needs as they pertain to his/her potential for success in the honors program.

I also understand that his/her placement into _____ is based on availability. If the course is currently at maximum, my student will be placed into the course that he/she was initially recommended.

If placed in this program, I understand that my child is willing to make a commitment to put forth the time and effort required to be successful in meeting the rigorous course expectations. Based on his/her performance as a waiver student, he/she will not be removed from this course should he/she struggle academically.

Parent Signature: _____ Date: _____

TO BE COMPLETED BY COUNSELORS:

I met with the above student and parent(s) to discuss the expectations of the Advanced Placement/ Honors/Level A program and the student's ability and motivation to meet those expectations. My signature signifies that I have advised them of the student's potential success in the Advanced Placement / Honors / Level A course based on classroom performance and test scores, but does not necessarily indicate agreement with the decision to submit a waiver.

Counselor's Signature: _____ Date: _____