**Farragut Middle School**

**200 West End Avenue**

**Knoxville, TN 37934**

**865-966-9756**

**FAX 865-671-7048**

**2025-2026 PARENTAL REQUEST FOR AN ACADEMIC RELEASE**

Academic data, performance records, and state and district guidelines are used for placing students in the appropriate courses and level of courses. Because these placements are believed to be the ones that will provide students with the greatest opportunity for academic success, requests for changes should seriously be weighed by the parent/guardian. However, if a parent/guardian feels that such a change needs to be considered, this academic override request must be completed.

Submission of this form does not guarantee a class change. Administration will subsequently review the requested change and contact you if additional information regarding the change is needed.

I, the undersigned parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request a change from the enrolled course(s) listed below during the **2025-2026** school year at Farragut Middle School to the requested course(s)listed below. I understand that the requested change is the priority and that if a schedule change is granted, a change cannot be “undone” or an additional change will not be considered. **Any change could impact and change my child’s pod, teachers, schedules for other classes.**

I am aware of the possible educational implications of this request since it is contradictory to the recommended course level indicated by his/her academic performance and potential thus far. I take full responsibility for this decision if the request is granted and understand that my child will be required to remain in the assigned class until the end of the year. In addition, I may need to make arrangements for additional academic support to be provided by me for my child to be successful.

Course(s)/level(s) change requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please consider the requested change(s) to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for request(s): (if more space is needed, please utilize the back side of this page)

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

e-mail address (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Approved ☐ Not Approved