PETITION FOR COURSE UPGRADE 2025-26 Harrison Junior School

Name		_ Grade - 6 th / 7 th / 8 th
Address		
City	State	Zip
Cell Phone:	Email:	
Recommended Course)	
process. It is the responsibility counseling office. Students	rse. The following information will help ity of the parent/student to gather and p who do not have parental/guardian supp on signatures from their teachers. All in	provide the documents to the port in this matter will need to
Winter and Spring MAP scor	e Grades- Quarter 1, 2 (B minimum	Attendance greater than 90%
Winter: ELA Math	Q1: Math ELA Sci Soc Q2: Math ELA Sci Soc	
Spring: ELA Math	Current: Math ELA Sci Sc	oc
Student's signature	D	Pate
Parent/Guardian's signature		Date
Office use Only:		
Course Upgrade – Accept / I	Reject	
Counselor Signature:		Date:
Principal Signature:		Date:

Please return this completed form to the Counseling Office by May 28th

Notes: