Parent Waiver of District Recommendation

Subject Area:  ____English  ____Math  ____Science  ____History  ____World Language  ____Labs

Student Name ______________________________________________________    ID: __________________

Accurate course placement is critical to student success. As part of the registration process teachers and counselors recommend courses and advise students for the following year. Recommendations are based on prior student performance in current year and teacher understanding of curriculum requirements of subsequent courses. Based on the evaluation of the performance of my child in previous courses, I understand that my child has been recommended for enrollment in the following course

__________________________________________________________________________________________

However, I am requesting that my child be enrolled in the following course

__________________________________________________________________________________________

I understand that I am overriding the placement recommendation of the school’s administrators and teachers by enrolling my child in the above requested course. I acknowledge that this may result in academic difficulties in the course. I take responsibility for selecting a course for which my child was not recommended for enrollment. I understand that once enrolled in the class that further changes may dramatically alter the current schedule and that any further inquiries of my child’s schedule pertaining to this course will need to be review and addressed on a case-by-case basis (dependent on course availability)

Parent Signature: ___________________________  Date: ____________________

Student Signature: ___________________________  Date: ____________________

Remit Completed Document to Guidance Department

Office Use

Supervisor / Director Communication with Family

Supervisor / Director Signature  Date

Received in Counseling Office  Schedule Adjusted

PARCC Score  Current Grade in Subject Area

Comments: