

Stu name: \_\_\_\_\_

Long ID: \_\_\_\_\_

# Beckman High School

## AP/Honors Healthy Limit Waiver 2021-22

Beckman High School values the health and well-being of our students and we acknowledge that course selection/course load plays a tremendous role in a student’s ability to participate in the experiences our school has to offer. As a result, any student wishing to exceed the “Healthy Limit” number of weighted (AP/Honors) courses is required submit this waiver and complete an online activity. (For more information, please refer to the AP/Honors Healthy Limit FAQ (<https://bit.ly/2FQc5V7>) Once completed, this form should be submitted to Ms. Coria ([ycoria@tustin.k12.ca.us](mailto:ycoria@tustin.k12.ca.us)) in the Counseling Office. This form is valid for duration of the student’s time at Beckman.

Parents and students: Please initial each item below indicating that you have read the information and understand its implications for your child.

Parent	Student	
_____	_____	I understand that AP/Honors courses are roughly equivalent to a college class level and therefore have a workload similar to that of a college class.
_____	_____	I understand that students who take more than the recommended number of AP/Honors courses generally experience less sleep than those who do not.
_____	_____	I understand that students who take more than the recommended number of AP/Honors courses generally report a higher rate of health-related absences than those who do not.
_____	_____	I understand that 5 of the top 7 stressors identified by Beckman students are directly related to course load decisions.
_____	_____	I understand that the TUSD drop deadline for ALL courses is the Friday of the 4 <sup>th</sup> week. Any drops after that date will result in a “W/F” (Withdraw/Fail) on the transcript which equates to an F in the GPA calculation
_____	_____	I have completed the online activity discussing the various aspects of taking on a heavy course load.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Parent Email (Used in online activity):** \_\_\_\_\_

Office Use Only	
OnAc	
PaGu	
AeFl	

Please email the completed form to the counseling office AFTER the online activity has been completed.