

PARENT/ GUARDIAN WAIVER FORM

Student Name:		Grade :	
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Students are guided in making course selections based on a number of factors including, but not limited to the following: teacher recommendation, counselor appraisal of a student's academic history, course prerequisites, student interest, and district policy. Decisions for course selection should be approached as a collaborative endeavor between the student, parent(s)/guardian(s), counselor, and content area teacher(s).

If a student and their parent(s)/ guardian(s) wish to proceed against a teacher and/or counselor recommendation for placement in a particular course selection, recognizing that this choice is not in the best professional opinion and interest of the student for academic success, he or she must acknowledge the following consequences for misplacement:

- The student must remain in the class
- OR**
- If the student is removed from the class; his/her transcript will reflect a "Drop F" and be moved to a study hall •
The student will incur a loss of credit

The course the student wishes to be placed into:

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Course # Course Title

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Course # Course Title

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Course # Course Title

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Course # Course Title

The student's statement indicating the reason that he/ she wishes to be placed in the course:

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I understand that it is the student's responsibility to maintain the academic challenges of the aforementioned course selection. I am also aware that consequences will be incurred if a student and his/her parent(s) or guardian(s) wish to be dropped from the course.

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Student Signature Date

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Parent/ Guardian Signature Date