

**CLARKSTOWN CENTRAL SCHOOL DISTRICT
HIGH SCHOOL COURSE SELECTION WAIVER**

DATE: _____

STUDENT NAME: _____ CURRENT GRADE: _____

RECOMMENDED COURSE: _____

By signing below, I, the parent of the above named student understand that:

- The recommended course listed above represents the professional judgment of my child's teacher;
- Enrollment is based upon availability in the course;
- A change back to the originally recommended class cannot be guaranteed.

In full agreement with the conditions above, I request that my child be scheduled into the following course:

REQUESTED COURSE: _____

Parent/Guardian Signature

Date

Department Chairperson Signature (Not required for 8th to 9th grade waivers)

Date

School Counselor Signature

Date

High School Principal Signature

Date

COMMENTS: _____

For FFMS students, please mail/email this form directly to:

NORTH High School
Candace Reim, North Principal
151 Congers Road
New City, NY 10956
creim@ccsd.edu

SOUTH High School
Debra Tarantino, South Principal
31 Demarest Mill Road
West Nyack, NY 10994
dtarantino@ccsd.edu