

WAIVER FORM: REQUEST FOR CLASS PLACEMENT

Fall/Spring (Circle one) of 20____

Name of Student (Please Print)

Grade: _____

Based on teacher recommendation, academic grades earned, and/or test scores, I understand that the class recommended for the student is:

Name of Recommended Class

This recommendation was discussed with the counselor on: _____
Date

I request that my student be placed in a different class instead of the recommended class.

Please schedule my student for:

Name of Requested Class

I understand that placement in the requested class is based on space available.

I understand that placement in the requested class is at least a **1 semester** commitment and that **no changes** will be made during the semester.

Parent/Guardian Signature

Student Signature

Counselor Signature

Date