SENECA VALLEY SCHOOL DISTRICT
PARENTAL RESPONSIBILITY FOR STUDENT PLACEMENT

Student's Name _____ Current Grade _____ Date _____

Requested Course Name & Number _____ **Recommended** Course Name & Number _____

The Purpose of Waiver Procedure: To provide a specific process for resolving differences when disagreement with a recommended placement exists.

I understand that school personnel recommended my child's placement by considering multiple data:

1. Academic Performance in current course
2. Overall Academic Performance (GPA - where appropriate)
3. Prerequisites (where appropriate)
4. Standardized Test Scores

By completing this form, I understand that I am overriding the teacher's recommendation. I also understand that scheduling and staffing limitations may prohibit a later change to the original recommendation, which may require my child to remain in the new class for the duration of the current school year.

Parent's Signature _____ Date _____

Counselor's Signature _____ Date _____

Administrator's Signature _____ Date _____

Updated 01/2019