COURSE PLACEMENT WAIVER AGREEMENT

782 Springdale Drive, Exton, PA 19341 • Phone 484-266-1000 • Fax 484-266-1175 • www.wcasd.net

During the course selection process, teachers make recommendations for individual students carefully after considering a variety of data. If you have questions about the course and/or level that you feel would be most appropriate for your child or would like more information on your child's current recommendation, it is strongly encouraged that you contact your child's recommending teacher or counselor. If, after consideration, you still wish to override the teacher recommendation, please complete the following section of this form:

Student's Name: _____ Current School: _____

School Counselor: _____ Grade: _____ Homeroom: _____

Recommended Course/level to be changed:	**Parent/Student Selected Course/Level to be added:**
Course Name/Level: _____	Course Name/Level: _____
Course Name/Level: _____	Course Name/Level: _____
Course Name/Level: _____	Course Name/Level: _____

- I request that my child be placed in the courses I have selected and listed above. I have discussed the selections with my child's teacher and understand why my child did not meet the criteria for the particular courses. However, after careful consideration of these criteria, I still believe that the courses we have selected represent the appropriate placement for my child.
- I understand and accept full responsibility to provide my child with any support or remediation that may be needed to ensure his/her success in this course.
- I fully understand that a request to reverse this waiver and place my child in the class originally recommended by the teacher is not guaranteed. Placement in the original teacher recommended course after my request is approved is based upon availability, considering predetermined class sizes. If the original teacher recommended course has reached the maximum capacity, my child will remain in the course I requested.
- I fully understand that waiving into this course does not guarantee placement in this course.
- I understand that this agreement does not allow a student to skip prior coursework needed to fulfill a course prerequisite.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Approval Routing:

☐ Guidance Counselor
☐ Building Administrator
☐ District Supervisor