The School District of Haverford Township
Haverford High School
200 Mill Road
Havertown, PA 19083

Course Level Waiver Request

Student Name: _____ HHS Class of: _____

My student was recommended for the following course:

_____
(Indicate recommended course and level)

I do not agree with the recommendation and wish for my student to be placed in the following course:

_____
(Indicate desired course and level)

Through our comprehensive course selection process, we believe that we have made an appropriate course recommendation for your student. We have created a collaborative process to support parents/guardians who request that their student be placed in another course/level, other than the one that was recommended.
If the requested change is accepted, then I understand that my child is expected to demonstrate success on homework, quizzes, tests, and classwork. Parents/guardians should use PowerSchool to monitor their student's performance and progress.

By signing this Course/Level Waiver both the student and his/her parent(s)/guardian(s) agree that they have reviewed the teacher's recommendation and have read the course description including course requirements for the class they are electing to take. A student who chooses to pursue a recommendation contrary to the one issued by the teacher should recognize that they are engaging in a course/level of significant rigor and may find it necessary to secure tutorial intervention that extends beyond the level of support generally afforded to course participants. The responsibility to secure such services rests with the student and their parent(s)/guardian(s). Please be reminded that schedule modifications/ alterations are not readily available and may not be able to occur after the start of the course. We are available to work with you to discuss the expectations of each class and help your student make the correct leveling choice.

Student Signature: _____ Date:_____

Parent Signature:_____ Date:_____

Counselor Signature:_____ Date:_____

Administrator Signature:_____ Date:_____

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