



By submitting this waiver, I am requesting that my child be placed in a class other than their recommended placement. Before making this request, my child and I thoughtfully considered and discussed the content of the requested course as well as their test scores, grades, classroom performance, work habits, motivation, individual learning style, and academic needs.

STUDENT INFORMATION			
Student Name:		Current Grade:	
Student Email:		Student ID:	
Parent/Guardian:		10 digit SSID:	
Parent Email:		Phone:	

WAIVER REQUEST

I am requesting placement above the recommended placement.

I am asking that my child's placement be changed from _____ (course name) to _____ (course name).

Parent Signature: _____ Date: _____

PARENT/STUDENT AGREEMENT

Please *initial* the following.

_____ I understand that my student does not meet the specific criteria for the requested class, but I still request placement.

_____ I understand that the criteria are an important component to achieve success in this class.

_____ I understand that the mastery of pre-requisite skills for this course is my responsibility.

_____ I am willing to support my student in doing all extra work to achieve in this class.

_____ I am prepared to allow my student to remain in this class for the full school year.

JUSTIFICATION

Please write a paragraph that justifies your request for this placement. Include any relevant information supporting your belief that the student will be successful in this class. (Use the back of this form if needed)

Parent Signature _____ Student Signature _____

FOR OFFICE USE ONLY

After careful review of this request the final course placement is _____

School Official Signature: _____

PLEASE RETURN TO YOUR SCHOOL COUNSELOR
(IF IN ELEMENTARY, PLEASE RETURN TO THE MIDDLE SCHOOL COUNSELOR)