Scituate High School Course Recommendation Waiver

Student Name:	Year of Graduation:
School Counselor:	
Parents/caregivers and students, please s	ign off on all of the following:
☐ Student: I have consulted with my tead	cher regarding the SPS recommendation.
•	nate Public Schools recommendation, I have consulted with the y student's recommendation. (See contact information on back.)
☐ Student/Caregiver: We are requesting	a waiver in the course listed below.
_	at the course we are requesting is not the one recommended by student will likely need to seek out extra support and guidance order to be successful.
	dge that it may not be possible to change a student's schedule after SHS Program of Studies and School Handbook for additional
Course recommendation that you are reque	esting a waiver for:
Course that you are requesting for your stu	
Parent/Caregiver Signature:	
Student Signature:	Name Printed:

This waiver must be returned to the Gates Main Office (for rising 9th grade students) or the SHS Counseling Office (for current SHS students) by March 24, 2025.

Scituate Public Schools

Department Chairperson Contact Information: 781-545-8759

Patrick Newton, Science and Engineering - ext. 23377
Samantha Lesniak, Social Studies - ext. 23392
Laura Messner, ELA - ext. 23376
Tara Szymaniak, Math and Computer Science - ext. 21008
Jim Thomas, Fine Arts - ext. 23342
Kate Ciulla, World Language - ext. 21009
Greg Ranieri, Business, Health, Wellness and Family & Consumer Sciences - ext. 23401
Tammy Rundle, School Counseling - ext. 11370