



Course Waiver Form

Dear Parent:

Re: _____
Student Name

Your child has been recommended by his/her teacher for the following course(s):

This recommendation is based upon:

- Your child's academic performance, work ethic, and classroom/standardized test scores,
- The teacher's knowledge of the work required for honors and/or AP classes, and
- The likelihood that your child may encounter difficulty in an honors and/or AP class.

The expectation in an honors or AP course is that students are able to keep up with the accelerated pace and exhibit strong academic skills. If you and your child elect for a more advanced course than what is recommended, please be advised that he/she may need additional support to be successful. Ultimately, however, the decision on which level course to take lies with the student and parent.

Please select one of the following:

☐ **I have read the school's recommendation, but instead choose to place my child in the following course(s):**

☐ **I choose to follow the school's recommendation to place my child in the course(s) they were recommended for.**

Parent Signature

Date

For office use only if student does not turn in waiver form by the deadline.

Parent was communicated with via: ☐ Phone call ☐ Email on this date: _____

Outcome of communication:

☐ Student will go against recommendation and be placed in the course of their choosing _____

☐ Student will be placed in their recommended course _____ Counselor initial