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Principal

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DELRAN HIGH SCHOOL

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SCHEDULING WAIVER FORM

_____, _____, _____
(PLEASE PRINT NAME)

(STUDENT ID #)

(Grade)

has been recommended by members of the professional staff for the following course:

(Course Recommended)

This recommendation was made after a review of the following:

- demonstrated performance
- mastery of the course proficiencies in a prerequisite course(s)
- standardized test scores
- writing samples

Recommendations are made to assist you and your child in making realistic course selections at the appropriate level, avoid academic and emotional difficulties as well as alleviate potential scheduling problems. By completing this waiver, we understand that you disagree with this recommendation and would prefer to have your child scheduled into the following course:

(Course Requested)

Please consider the waiver carefully. It is important that you understand the following:

- Recommendations are made to assist your child in meeting high school graduation requirements and college entrance requirements as to a specific course placement.
- Waivers will not be processed without a student completing the prerequisite course work.
- Schedule changes must be made in accordance with the school policy that appears on the reverse side of this form. (No level changes will be permitted after the sixth week of school.)
- Enrollment in this course rather than in the recommended course may result in a lower grade and a lowered GPA.
- Possibilities exist that no open section of the originally recommended course may be available into which your child may move if the higher-level course proves to be too difficult.
- Appeals for placement must be processed through the appropriate District Subject Area Supervisor.
- One waiver per course is required
- This waiver must be filled out in its entirety.

**The deadline for this form is February 28, 2019.
There will be NO EXTENSIONS granted for any reason.**

-OVER-

