

**Daniel S. Finkle**  
Principal

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**DELTRAN HIGH SCHOOL**

50 Hartford Road  
Delran, NJ 08075

**Telephone:** 856-461-6100

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**SCHEDULING WAIVER FORM - 2021 Only**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(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 March 15th - no extensions.**  
**You DO NOT have to meet with your counselor before turning in a waiver form.**

Please sign this letter and return it to the guidance secretary as confirmation that you acknowledge that your choice for your child is contrary to the recommendation and that you fully understand the ramifications of a change back to the recommended level if necessary. We must have this signed letter on file.

Please contact 856-461-6100 x4000 (Delran Middle School) office or x3008 (DHS Guidance Office) should you have any questions about the process.

**TO BE COMPLETED BY STUDENT and PARENT**

**Please state the reason(s) for this course waiver from the recommended sequence:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student Signature\***

\_\_\_\_\_  
**Date**

**\*I request this waiver, and I am aware of the schedule change policy.**

\_\_\_\_\_  
**Parent Phone**

\_\_\_\_\_  
**Parent email address**

**Schedule Change Procedures**

**Level Changes**

A change in the level of a specific subject may only be made after thorough discussion is held with the student, parent/guardian, counselor, teacher and an administrator. There will be three time periods during which a student may change a level after initial course selection; however, no waivers will be accepted after **March 15th**. Extensions will not be granted for any reason.

**Dropping a Course**

A student may drop a course prior to the end of the first marking period, or prior to the end of the third marking period for a second semester course. If a student drops a course up to the end of the mid-marking period Drop/Add Period, no notation will be recorded on the permanent record. Dropping a course after this period will result in a grade of "WP" or "WF."

**Entry into a New Course**

No student may enter a new course after dropping a course after the end of the fourth week of the course commencing.

**For Office Use Only**

\_\_\_\_\_  
**Subject Area Supervisor**

\_\_\_\_\_  
**Date**

**Comments**

Acknowledged and Approved \_\_\_\_\_

Acknowledged but Denied \_\_\_\_\_

NJASK/NJSLA ELA \_\_\_\_\_ PSAT ELA \_\_\_\_\_ Teacher Rec. Course Number \_\_\_\_\_ Rec'd \_\_\_\_\_

NJASK/NJSLA MATH \_\_\_\_\_ PSAT MATH \_\_\_\_\_ 1<sup>st</sup> MP \_\_\_\_\_ 2<sup>nd</sup> MP \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_

Present Course # \_\_\_\_\_ Teacher \_\_\_\_\_