



Jefferson High School

*Mission: To graduate fully functioning adults
Exposure to Excellence Promotes Excellence*

Waiver Request

I give permission for my child, _____, who is in grade _____, to make the following change to his/her schedule.

Register for a course **against the recommendation** of a teacher and/or the Guidance Department*

- Recommended course: _____
 - Preferred course: _____
 - Reason for change: _____
- _____

Drop a support course **against the recommendation** of a teacher and/or the Guidance Department*

- Recommended course: _____
 - Preferred course: _____
 - Reason for change: _____
- _____

* The student/parent should anticipate that more time and effort will be required in a more rigorous course.

*Waiver requests that would cause a class to exceed the maximum class size will not be permitted.

Parent/Guardian Signature

Date