



Jefferson High School

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

Course 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: _____
 - Requested course: _____
 - Reason for change: _____
- _____

A student's placement in a course is based on student performance in current classes, standardized test scores, and teacher professional judgement. We encourage students to challenge themselves; parents and students should anticipate that Honors and AP level courses require additional time and effort. Course change requests that are for less advanced courses will be reviewed and given careful consideration based on the reasons provided by the student and parent. **Students will be required to remain in the course requested regardless of his/her performance and a schedule change will not be granted.**

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

Student Signature

Date

Parent/Guardian Signature

Date