



HIGH SCHOOL COURSE WAIVER

School: _____ Grade: _____

Student: _____ Student ID: _____
(Please print)

Parent/Guardian: _____
(Please print)

I am requesting that the requirements for Honors/AP be waived for my student. I understand that the course I am requesting for my student is more rigorous than other courses and imposes additional responsibilities for the student. I do intend for my student to remain in this course for the required length. I understand that I will not be permitted to drop this course and add a course at a lower level or make a change to a different course after the first ten days of the school year.

I have reviewed the course requirements with my student. My student is aware of all of the requirements for participation, and I am in agreement with the commitment. I give my written consent for my student to be placed in the following course:

Requested Course: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Office Use Only)

Course Number: _____ Administrator Signature: _____
Date: _____