



# Parent Waiver of Teacher Recommendation

**RETURN THIS WAIVER BY MARCH 27 ATTACHED TO YOUR PRINTED COURSE CONFIRMATION**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print legibly*

Accurate course placement is critical to student success. As part of registration, teachers counsel students and recommend courses for the next year. Recommendations are based on student performance and the teacher's understanding of curriculum requirements of the subsequent courses. Your student's current teacher has recommended the next course for which your student is best prepared to succeed.

Teacher's Name/Recommended Course

Parent Requested Course

\_\_\_\_\_

\_\_\_\_\_

Teacher Concerns/Rationale: \_\_\_\_\_

\_\_\_\_\_

Teacher Initials: \_\_\_\_\_

Parent Concerns/Rationale: \_\_\_\_\_

\_\_\_\_\_

I understand that I am overriding the teacher recommendation by enrolling my child in the requested course and acknowledge that this could result in academic difficulties or failure of the course. I take responsibility for selecting a course for my child that is not recommended by his/her current teacher.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent phone number

\_\_\_\_\_  
Parent e-mail address