

# WESTLAKE HIGH SCHOOL

## Parent Waiver of School Recommendation

**Subject Area:**

English  Math  Science  Social Studies  World Languages  Other \_\_\_\_\_

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

*Please print legibly.*

(mm/dd/yyyy)

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

*Based on the evaluation of the performance of my child in previous courses, I understand that my child has been recommended for enrollment in the following course:*

Course Name: \_\_\_\_\_

*I understand that I am overriding the placement recommendation of the school's administrators, teachers, and counselors by enrolling my child in the above requested course. I acknowledge that this may result in academic difficulties or failure in the course. I take responsibility for selecting a course for which my child was not recommended for enrollment. I understand that dropping the course is not available to students who waive into a course.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

*I am requesting that my child be enrolled in the following course:*

Course Name: \_\_\_\_\_

**The waiver will be forwarded to the counselor for final consideration of placement.  
All course waivers must be delivered to the Counseling Office by March 23, 2012**

**Counselor Use only:**

Date Received:

Waiver Approved  Waiver Denied

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)