



COURSE LEVEL: Parent Notification

INSTRUCTIONS

Complete this form if your child is registering for a course that has not been recommended by a teacher.

STUDENT INFORMATION

Student's Legal Name		
Parent E-mail	Parent's Phone Number () -	

COURSES FOR WHICH A WAIVER IS BEING REQUESTED

Recommended Course	Requested Course
Recommended Course	Requested Course
Recommended Course	Requested Course
Recommended Course	Requested Course

PARENT/LEGAL GUARDIAN WRITTEN REQUEST

- I understand that course recommendations are based on a variety of data including grades, test scores and teacher recommendation.
- I acknowledge that enrolling in a higher or lower level course may result in a level of instruction that does not adequately meet the educational needs and/or demonstrated ability of my child.
- I agree to closely monitor my child's progress in this course and to provide appropriate support as needed.
- I understand and agree to adhere to the Course Withdrawal Policy of the Wake County Public School System that states:

Students are not allowed to drop a course after the first ten days of school. If a student withdraws after the ten day period, a failure (WF) is noted as the grade, and the course is counted as a course attempted with no quality points earned.

- I understand the potential ramifications of this decision and will not expect the Principal to change the course at a later date because of incorrect placement.

Signature of Parent/Legal Guardian	Date (mm/dd/yyyy)
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INTERNAL USE

Approved	Denied	Comments
Signature of Counselor or Principal		Date (mm/dd/yyyy)