**Course Waiver Request**

**Student’s Name:** \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ **Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Counselor:** \_\_\_ **Current Grade Level:**\_\_\_\_\_\_\_\_\_

**Course/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Code #: \_\_\_\_\_\_\_\_\_ MS (circle): BH / CR / OV**

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| ***To WTHS Student & Parent/Guardian, please read the WTHS Prerequisite Statement below:Prerequisite grades identify levels of knowledge and achievement for students to be prepared forsubsequent coursework. When a student chooses to waive into a course without having met the established prerequisites, it must be understood that a greater degree of difficulty should be expected. The teacher ofthe course should not be expected to remediate deficiencies or teach content outside of the course curricula. Students who choose to waive into a course should expect the need to take necessary steps to prepare for the course prior to the start of the school year in addition to pursuing additional support once the course hasbegun. A student may be required to devote study time above and beyond what would generally be expectedfor the course. - Students cannot waive into a course that is considered two levels above their current level.- Waivers are not granted for Advanced Placement courses.***  |

* We understand there is an expectation to pursue resources that will assist in preparing for this course, and we will discuss with a teacher currently teaching the requested course.
* We understand there is an expectation that the student will pursue additional support during the school year (Examples of additional support include: after school help with the teacher, parent assistance at home with homework, additional studying for tests and quizzes, and peer or private tutoring).
* We understand there will be no course/level change. The student will either remain in the chosen course (if it is a required class) or drop the class for a study hall (students may only carry one study hall and six classes per semester).

**Please submit this form to your child’s school counselor by May 1, 2020
in order to receive the requested course.**

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
***Cc: Department Supervisor***