

WILLIAM G. ENLOE MAGNET HIGH SCHOOL GT/IB CENTER FOR HUMANITIES, SCIENCES, AND THE ARTS

128 CLARENDON CRESCENT RALEIGH, NORTH CAROLINA 27610
PHONE: 919.856.7918

Parent Waiver of Teacher Recommendation

Student Name:		Date:		
Please print le Accurate course placement is critical	to student succe			
recommend courses for the following teacher's understanding of curriculus has recommended the next course fo	n requirements of	of the subsequent courses. Y	our student's current teacher	
Teacher's Name/Recommended Course		Parent Reque	Parent Requested Course	
Parent Concerns/Rationale:				
I understand that I am overriding the acknowledge that this could result in selecting a course for my child that is	academic diffic	ulties or failure of the cours	e. I take responsibility for	
Student Signature	Date	Parent Signature	Date	
Phone	Email Address			