COURSE LEVEL WAIVER Teacher Initiated



INSTRUCTIONS: Teacher

Parent E-mail

| Complete/sign the following section for a student to be able to request a course for which the student's Semester 1 or |
|--|
| Final grade is outside the required grade boundaries published on the Core Recommendation Matrix. Give this form to |
| the student to finish completing. |

| Student's Name | | | | |
|--|---------------------|------------------|-----------------------------|--|
| Recommended Course | | Requested Course | | |
| Signature of Teacher | | | Date (mm/dd/yyyy) | |
| INSTRUCTIONS: Student/Parent | | | | |
| Finish Completing/sign this form to request a course this form to request one or more courses for which the student's Semester 1 or Final grade is outside the the required grade boundaries published on the Core Recommendation Matrix. Completed forms must be submitted to Student Services. | | | | |
| Student's Legal Name | | | | |
| Power School Number | Current Grade Level | | Primary Phone Number () - | |

PARENT/LEGAL GUARDIAN WRITTEN REQUEST

- I understand that the teacher has initiated this waiver based on a variety of data including grades, test scores and anticipated performance.
- 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:

Except when approved by the Principal, 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.

| Signature of Student | | Date (mm/dd/yyyy) |
|-------------------------------------|--------|---------------------------|
| | | |
| Signature of Parent | | Date (mm/dd/yyyy) |
| | | |
| INTERNAL USE | | |
| Approved | Denied | Entered into PowerSchools |
| | | |
| Signature of Counselor or Principal | | Date (mm/dd/yyyy) |
| | | |