McEachern High School
COURSE WAIVER/REQUEST FORM

Student: _____ **ID:** _____ **Grade:** _____

Class & Level for which the student is currently placed/registered/scheduled:

_____

I, the parent or legal guardian of the student listed above, request a course placement different from that which was chosen during the registration process:

Class and Level Requested by the Parent:

_____

Reason for change request: _____

_____

_____
Parent initial
*I understand that if the waiver/request is granted and the course is changed, the student's schedule **will not change back to the previous version before the change**.*

_____
Parent initial
I understand that my child's schedule may be significantly changed to accommodate my request.

_____
Parent initial
With this document, I assume responsibility for the placement of my child and understand that school personnel will not be obligated in any way to alter my child's placement during the semester.

_____
Parent initial
I understand that core courses (e.g., English, math, science, social studies, world language as well as the electives in these areas) count toward my child's HOPE GPA calculations while all other elective courses do not.

_____
Parent initial
I understand that AP courses add 1.0 weight GPA & honors courses add 0.5 weight to my child's cumulative GPA. Only AP courses add 0.5 weight to my child's HOPE GPA.

Parent/Guardian Name: _____ Date: _____/_____/_____

Parent/Guardian Signature: _____

Parent Phone: (_____) _____-_____ Parent Email: _____

For CORE SUBJECTS ONLY (English, Math, Science, Social Studies, World Languages):
Past or Present TEACHER APPROVAL to change levels:

_____   _____   _____
Teacher Name   Teacher Signature   Subject

Circle one please: **I APPROVE** or **I DO NOT APPROVE**

Office USE Only

___ This course change will NOT affect graduation and I **approve** of the change.
___ This course change will NOT affect graduation and I **DO NOT approve** of the change.
___ This course change **AFFECTS** graduation requirements and I **approve** of the change
___ This course change **AFFECTS** graduation requirements and **I DO NOT approve** this change.

_____   **Counselor Completed Change**
Counselor Signature/ Date   YES   NO