



STUDENT NAME: _____

NEXT YEAR GRADE: _____

Please print legibly.

Academic Placement Waiver Form

Student and Parent Acknowledgement

1. I understand that I (my student) did not a) receive departmental recommendation to enroll in the desired course and/or b) meet the prerequisites outlined in the LCA High School Course Guide.
2. If permitted to enroll in my requested course, I understand that I (my student) will be held to high standards of academic achievement. Should I not maintain a "B" average over the course of the first semester, I understand that I (my student) will be required to meet with the teacher, parent, and counselor to determine if I (my student) should continue for the second semester or be moved to the recommended course. I understand that if assigned to another class, it may mean a change in my (his/her) overall schedule because of a scheduling conflict.
3. I understand requests will be considered on a case-by-case basis and will be granted at the discretion of department members.

Course Information

Recommended Course: _____

Requested Course: _____

Current Course Name
and Semester 1 Grade: _____

Comments: _____

Signatures

Student _____ Date _____

Parent _____ Date _____

Counselor _____ Date _____

APPROVED ☐

DENIED ☐

Department _____ Date _____