

Date: _____

NEWBURYPORT HIGH SCHOOL - STUDENT SUPPORT SERVICES

Waiver Form for Course Level Change Request

Name of Student: _____ Current Grade: _____

Name of Parent/Guardian: _____

Requested Change from: _____ to: _____

This is to acknowledge your request for a change in the course assignments recommended for your son/daughter for the next academic year. We believe the recommendations of our professional staff are based upon their assessment of your son/daughter's educational needs, and knowledge of his/her past academic achievement. However, we recognize your right as a parent/guardian to disagree with these recommendations and, in the final analysis, you have the right to override the recommendations of our staff.

Before making a final decision, we believe it is important for you to understand the possible educational and scheduling ramifications of your request. We also recommend that you speak to your student's guidance counselor.

- **Students who have entered the course via a waiver request have committed to remain in the course until the end of the semester and understand that they will receive the grade that they earn in the course.**
- Waivers are granted based on space availability in the course.

If, after careful consideration of all the factors involved, you wish to pursue this course change request, the parents and the student will need to meet with the department chair to finalize the waiver process.

Signature of Parent/Guardian

Date

Signature of Department Chair

Date