## CHARTIERS VALLEY SCHOOL DISTRICT Inspiring excellence.

## COURSE WAIVER

I,, the parent/guardian of,
understand that my student has been recommended to take the following course: The reason for placement in the above mentioned course are as follows:
teacher/counselor recommendation(s)
poor or failing grades in other courses
failure to attain the established cut-off score on standardized test
failure to meet established prerequisite requirements
Although, I understand the above reasons and recommended placement, I request that he/she <b>not</b> be scheduled for this
course and accept full responsibility for placement in

Furthermore, I understand and accept the following:

- 1. My student will not be removed from the course once the school year begins.
- 2. Weekly reports will not be sent out and teachers will consider the student as one who has worked and achieved the standards required to be placed in this course.
- 3. The school accepts no responsibility for the grade achieved.

This is a formal contract between the school, parent and student.

Parent/Guardian Signature

Principal's Signature

Student Signature

Date

Date

**\*RETURN TO STUDENT SERVICES CENTER** 

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