

Kell High School

Course Waiver Request Form

Print Student's Name: _____ Student ID _____ Grade Level _____

Course Recommended by School _____

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

Course REQUESTED by Parent: _____ Grade Requirement _____

Previous Course _____ Grade _____

Reason for change request: _____

Student & Parent or Guardian (Please initial each statement)

Student	Parent	
_____	_____	I am requesting a course placement different from that recommended by the school.
_____	_____	I have read and understand the course description for the course into which I want my child placed.
_____	_____	I understand that this course may place more stringent demands on my student and may require him/her to meet higher standard.
_____	_____	I understand that this request may be denied due to class size or restrictions caused by my student's existing classes.
_____	_____	I understand that this change may require my student's schedule to be rearranged.
_____	_____	I understand that if a change is made, my student will not be allowed to change back to the previous course.
_____	_____	I understand that if I opt out of this class, I may not meet all college admission requirements.

Student Signature: _____

Parent/Guardian Signature: _____ Date ____/____/____

Parent Phone _____ Parent Email: _____

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- 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 do NOT approve this change

Signature _____ Date _____