Randolph High School – School Counseling Department

Counselor:	
Date:	-

PARENT/GUARDIAN REQUEST FOR ALTERED ACADEMIC PLACEMENT

Student Name:	
Recommended Course Title and Level:	(Only use course title and level found in the curriculum handbook)
New Course Title and Level:	(Only use course title and level found in the curriculum handbook)
	***APRIL 8, 2022 – Academic Waiver Deadline ***
All waivers submitte	ed on or before this date will be honored if space allows in the requested course.
the educational professionals a upon the student's performance	ed the course placement stated above and I have done so contrary to the recommendation of at Randolph High School. Since an educational professional's recommendation is based the in class and an assessment of that student's ability to be successful, a placement in a n a student struggling and potentially not being successful in the requested placement.
In order for this waiver to be prationale that completely addr	processed, the student must complete and submit with this waiver form , a written/typed esses the following items:
Discuss in detail the a level.	reas described by your current teacher that form the basis for not recommending the higher
	reasons for seeking this waiver despite your teacher's recommendation. r how you will be successful in the higher-level course.
student who has waived into a moved to a lower-level course	er be granted, there may not be an opportunity to move classes again due to class sizes. Any higher-level course and earns a D+ or lower at the end of the first marking period will be pending availability and if space allows. If a student is moved to a lower level, other udent's schedule to facilitate the course change.
	movement from an honors level to a different level, the weighting applied to the grade point ed with the completed class. Furthermore, all earned assignment grades will be transferred to
I recognize this placement is b	being made solely to accommodate my request.
	indicates responsibility for this placement. Please submit this form and the he school counseling services department.
Parent/Guardian:	Date:
Student Signature	
School Counselor:	(Please provide your school counselor's name)

After submitting the form, the school counselor will process the request and the schedule change, if space allows.

(If student has an IEP, please provide your case manager's name)

Case Manager: