## 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 23, 2021 – Academic Waiver Deadline ***
All waivers submit	tted on or before this date will be honored if space allows in the requested course.
the educational professional upon the student's performa	sted the course placement stated above and I have done so contrary to the recommendation of s at Randolph High School. Since an educational professional's recommendation is based nce in class and an assessment of that student's ability to be successful, a placement in a t in a student struggling and potentially not being successful in the requested placement.
	e processed, the student must complete and <b>submit with this waiver form</b> , a written/typed dresses the following items:
Discuss in detail the level.	areas described by your current teacher that form the basis for not recommending the higher
2. Discuss in detail you	ur reasons for seeking this waiver despite your teacher's recommendation. for how you will be successful in the higher-level course.
student who has waived into moved to a lower-level cour	iver be granted, there may not be an opportunity to move classes again due to class sizes. Any a higher-level course and earns a D+ or lower at the end of the first marking period will be see pending availability and if space allows. If a student is moved to a lower level, other student's schedule to facilitate the course change.
	is movement from an honors level to a different level, the weighting applied to the grade point ated with the completed class. Furthermore, all earned assignment grades will be transferred to
I recognize this placement is	s being made solely to accommodate my request.
	e indicates responsibility for this placement. Please submit this form and the the 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: