

Parent Request for Waiver of Academic Placement



Principal: Dr. Susan Smith
Assistant Principal: Othamian Peterson Assistant Principal: Darin Wilcox

Please print legibly

Student Name: _____ Date: _____

Accurate course placement is critical to student success. As part of registration, teachers counsel students and recommend courses for the following year. Recommendations are based on student performance and the teacher's understanding of curriculum requirements of the subsequent courses. Your student's current teacher has recommended the next course for which your student is best prepared to succeed.

Teacher's Name/Recommended Course	Parent Requested Course
_____	_____

NOTE: Students' course selections determine our course availability for the following school year. The expectation of the district is that if a student chooses a course, they will complete the course. Therefore, waiver requests that are honored require the student to remain in the course selected regardless of his/her performance.

Please complete the following steps and submit it to the Counseling Department.

- Parent is required to consult with Teacher who made course recommendation
- Parent is required to consult with student's school counselor regarding Request for Waiver of Academic Placement

(Consultation can take place via phone, email, or virtually.)

High School Academic Waiver Request

I am in disagreement with the recommended course placement of my child because: _____

I have had a conversation with my child's teacher and school counselor regarding this request.

My child was recommended for _____ by _____
(Name of Course) (Teacher's Name)

My child's counselor is: _____

Please place my child in _____ (Name of Course)

Parent/Guardian Signature _____ Date: _____

Groves High School Counseling Department
20500 W. 13 Mile Rd; Beverly Hills MI 48025
Phone: 248-203-3500 FAX: 248-203-3636