

NORTHSIDE INDEPENDENT SCHOOL DISTRICT
GUIDANCE DEPARTMENT WAIVER REQUEST FORM

This form is our way to inform you of the rationale behind the placement that is recommended for your child.

Waiver Process

- Step 1- The parent has questions about the teacher's recommendation and contacts the teacher.**
- Step 2- The teacher explains to the parent why a particular recommendation was made.**
- Step 3- If the parent is still in disagreement, the parent/student requests a waiver form from the counseling office.**
- Step 4- The student takes the form to the teacher to complete.**
- Step 5- The teacher gives the form back to the student to take home for the parent to complete.**
- Step 6- The student/parent must return the completed, signed form to the counseling office in order for the course to be changed.**

Dear Parent/Guardian, _____ is requesting to be placed in _____ next year. In considering the data below, I do not feel that I can recommend the placement. Please contact me at 397-3600.

Teacher's Signature

Your child's class average	Recommended class average	Current Placement	Teacher Recommendation	Study Skills	Absences
	90	Regular		Strong Average Needs Improvement	None Few Many
	85	Honors		Strong Average Needs Improvement	None Few Many

Date of Conference With Teacher: _____

The process cannot be completed until there has been direct contact between the recommending teacher and the parent. If a conference has not been held regarding this issue, the parent must contact the teacher.

This procedure is only for use when the student's choice and the teacher's recommendation differ as to placement level. It cannot be used to waive prerequisite to courses.

To the school from the Parent:
I, the parent/guardian of _____, have been advised that he/she is not recommended to take _____ next year; however, we request that the Recommendation Guidelines will be waived in this instance because : _____

Parent/Guardian Signature Date

