## Centennial HIGH SCHOOL Course Placement Waiver

## **Deadline to Submit Waiver Request:** March $9^{th}$ , 2020

Last Name	First Name	Grade
Student Email	Parent Email	
Home Telephone #:	Optional: Student's Cell Phone #: _	
for success in a desired course. Prope	on specific criteria. Prerequisite requirements reflect skills a r academic placement is essential for academic success. If a for a course, and has successfully completed the pre-requising a placement waiver.	a student and parent would like to
**Course Placement Waivers are not available for the Accelerated Math Courses.**		
Waiver Request for the follow	ving courses:	
Name of Desired Course	Course Being Dropped	
Name of Desired Course	Course Being Dropped	
<ul> <li>I understand that:</li> <li>This is a more challenging class and may require more work on my part.</li> <li>If I experience difficulty in this class, I will not be able to drop the class.</li> <li>If I perform poorly in the requested course it may affect my scheduling options, Numeric Average/GPA, graduation progress, honors and awards, college options, and scholarship opportunities</li> <li>Approval of this waiver is contingent upon availability of the desired course.</li> <li>Check Infinite Campus to see if the waiver is approved and the new class is placed.</li> <li>It is the student's responsibility to check the Centennial High School website for summer assignments.</li> </ul>		
Student Signatur	re Parent Signature	Date
RETURN THIS FORM TO YOUR ASSIGNED COUNSELOR		
For Office Use Only		
☐ Approved ☐ Not approved (does not meet the grade requirement) Reason:		
□ No seats available		