



# Lumpkin County High School Waiver Request



I wish to have my son / daughter \_\_\_\_\_ placed in

Name of Course Requesting	Course Number		Recommended Course	Course Number
		<b>INSTEAD OF</b>		
		<b>INSTEAD OF</b>		
		<b>INSTEAD OF</b>		

for the 2011-2012 school year. I understand this is without or against the recommendation of my student's teacher and / or the guidelines established for academic placement by the high school.

- \* If this request is approved, I understand that it will not be possible to move my child out of this course (s).
- \* I also understand that this waiver does not guarantee approval.

Please check one of the following:

\_\_\_\_\_ I have spoken with the core teacher regarding their recommendation for the next year.

\_\_\_\_\_ I have not spoken with the core teacher regarding their recommendation for the next year.

Student Signature (required) \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature (required) \_\_\_\_\_

Date: \_\_\_\_\_

Office Use only  
Reason:

ACCEPTED

DECLINED

Date: \_\_\_\_\_

**NO WAIVER FORMS WILL BE ACCEPTED AFTER APRIL 1, 2011**