



PITMAN HIGH SCHOOL GUIDANCE OFFICE

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Pitman High School Guidance Department Recommendation Waiver

Dear Parent/Guardian:

This form is a waiver of the recommendation that your child received from his/her current teacher. Any parent/guardian who is considering waiving the teacher recommendation is asked to discuss the situation with the current teacher. It is suggested that you contact your child's teacher so that you are better able to make an informed decision concerning your child's courses for next year.

STUDENT NAME: _____

GRADE LEVEL: _____ (for year 20 _____)

NOTE – By overriding a teacher's recommendation it is to be understood the above named student will be required to complete the REQUESTED course, and will not be permitted to drop the course at any time during the academic school year.

1. Recommended Course (by staff): _____

Requested Course (by parent): _____

2. Recommended Course (by staff): _____

Requested Course (by parent): _____

3. Recommended Course (by staff): _____

Requested Course (by parent): _____

SIGNATURES:

Parent: _____ Student: _____

(The parent/student signatures above reflect a change in subject level, not a change in the teacher's recommendation.)

ALL PARENT/STUDENT WAIVER FORM REQUESTS MUST BE SUBMITTED BY APRIL 15th OF EACH YEAR.

Building on our unique traditions, the mission of the Pitman School District, in partnership with families and our community, is to educate all students through exceptional learning experiences to be discerning, ethical, confident citizens. It is the expectation of this school district that all pupils achieve the New Jersey Core Curriculum Content Standards at all grade levels.