



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT #111

Prerequisite/Recommendation Waiver

Student Name: _____ Date: _____

Recommended Course: _____

Desired Course: _____

Prerequisites for Desired Course: _____

Waiver Deadline: This completed form must be turned into your counselor by February 15, 2019.

To the Student: (please write your response with a pen)

Briefly explain why you want to enroll in this course: _____

To the Parent:

A decision to place a student in a non-recommended course and/or waive the prerequisites is a serious one and may not be without consequence. Students who choose this option must realize that the program may be more challenging than anticipated and therefore may not perform as well as desired in the course. Students will be solely responsible for obtaining the required summer work (if applicable) from the MCHS website. Additionally, the student will be required to remain in the program for the full semester or at the discretion of the Department Chair.

As the parent of the student choosing this option, I/we understand and agree to the terms under which this change in course will be made. Further, I/we accept the responsibility for the student's placement and performance in the course.

Parent Signature _____ *Date* _____ *Student Signature* _____ *Date* _____

Notification of Waiver (for MCHS staff only)

Deficiencies (please circle)

Teacher Recommendation

PSAT Score

Low Placement Testing Score

Other

Department Chair _____ Date _____

Director of Curriculum & Instruction _____ Date _____

For Counselor use (please circle)

K. Brown

K. Carlson

K. Cassidy

A. Ferro

J. Hopkins

R. Liberatore

B. White