



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

Prerequisite/Recommendation Waiver

Student Name: _____ Date: _____

Recommended Course: _____

Desired Course: _____

Prerequisites for Desired Course: _____

Deficiencies: _____

To the Student:

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. **Additionally, the student will be required to remain in the program for the full school year.**

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

Department Chair

Date

Director of C & I

Date