

# WHITEWATER HIGH SCHOOL ACADEMIC WAIVER

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date Form Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check the one that applies.**

It is my understanding that the teachers, counselors, and administrators have recommended that my child be placed in \_\_\_\_\_.  
However, I request that my child be placed in \_\_\_\_\_  
next year at Whitewater H.S.

It is my understanding that my child is Gifted eligible for \_\_\_\_\_.  
However, I request that my child be taken out of Gifted \_\_\_\_\_  
and put in \_\_\_\_\_.

By requesting this waiver, I agree to the following:

1. This placement will remain in effect for the duration of the course.
2. This signed waiver will become part of my child's permanent school record.
3. This decision could delay my child's graduation.
4. My child's GPA and Hope Scholarship eligibility may be affected.
5. As a parent/guardian, I take full responsibility for any academic or emotional distress this decision may cause my child.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_