



# RICHLAND ONE

ENGAGE • EDUCATE • EMPOWER

A.C. Flora High School

Susan Childs  
Principal

## APPEAL TO WAIVE COURSE RECOMMENDATION

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

We, the parent/guardian of \_\_\_\_\_,

Request that he/she be placed in:

\_\_\_\_\_ instead of \_\_\_\_\_

\_\_\_\_\_ instead of \_\_\_\_\_

\_\_\_\_\_ instead of \_\_\_\_\_

for the \_\_\_\_\_ school year. We understand this is not the school's recommendation, and that the requirements of the course are different from the course for which he/she was recommended. My child and I accept responsibility for the difference in time and effort which will be required. We understand the appropriate instruction will not be modified for my child.

We further understand that a schedule change will not be granted on the above listed waived course(s).

### Signatures:

Parent/Guardian: \_\_\_\_\_

Student: \_\_\_\_\_

Note: This form remains with the student's counselor.