

Parsippany-Troy Hills School District

WAIVER FORM FOR 2016-2017 STUDENT SCHEDULING

School _____

Student Name _____

Student Current Grade _____

Counselor _____

Student ID Number _____

Course Recommended by Teacher _____

Recommending Teacher Name _____

Course Requested by Parent/Student* _____

I understand that having elected to waive the recommended course and request my son/daughter be enrolled in a different course, he/she will not be able to later request a different level of the course.

Parent Signature _____

Date _____

Student Signature _____

Date _____

Return this form to the student's counselor. Without the appropriate signatures, this form will not be honored.**

Counselor Signature _____

Date filed _____

***STUDENTS MUST SUBMIT ONE WAIVER FORM FOR EACH COURSE.**

**** DEADLINE FOR SUBMITTING WAIVER FORM: FEBRUARY 5, 2016.**