South Fayette High School



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South Fayette Township High School Course Waiver Form 2024-2025 School Year

This waiver is a contract between the student and parent(s)/guardian(s) and South Fayette Township High School. This waiver will provide for a course placement that supersedes the school's recommendation. Students that complete this waiver understand that this action contains both responsibility and accountability for one's grades and progress. Curricular changes, modifications, and accommodations will not be made for students who complete a waiver for course admission. A waiver does not apply to course prerequisites.

In order to qualify for a course waiver, the following criteria apply:

- Course waivers are limited to one (1) waiver per student per school year;
- Students are not eligible to waive into a course if they possess a Y1 grade of a (D) or an (F);
- Students must adhere to all course prerequisite requirements;
- Students may only "waive up" one course level (Ex. English 10 may waive to Honors English 10 or Honors English 11 may waive to AP English 11);
- and finally, within the structure of each department course sequencing, students
 are not permitted to "double-waive" in back-to-back school years. (Ex. A student
 may waive into an AP Calculus AB course in 11th grade. During their senior year, they
 also request to waive into AP Calculus BC. This would be considered a "double-waive"
 as they are requesting to waive in back-to-back school years and is not permitted.)

Course Waiver Forms may be submitted beginning April 2, 2024, and must be submitted no later than June 13, 2024.

Current Grade Le	evel: (Please check on	ne)			
8	9	10	11		
Approved Course	e Name (Original recor	mmendation):			
Student Request	red Course Name (Nar	me of the course you	wish to waive into):		
Student, please r	read and initial on the l	lines to acknowledge	understanding and re	sponsibility:	
	e student will exhibit ac nework, taking notes, a				
diffi	e student must seek he culties or concerns arr sidered.	•	•		
	The student must consider the impact on his/her/their schedule and any grades that will transfer.				
	nt requests to withdra e following will occur		which a waiver has	been	
	During the first two weeks of the course (start of school year or start of semester 2), the course may be dropped without penalty.				
	er the first two weeks ourse will be placed on the		mbolizing a withdrawa	al from the	
	ond the first four and		_	•	
I have read and ι	understand the informa	ation contained in this	waiver.		
Student Name (F	rinted)				
Student Signatur	'e				
Date					

Student Email Address	
Parent/Guardian Name (Printed)	
Parent/Guardian Signature	
Date	
Parent/Guardian Email Address	
Phone number where the student and parent/gu	ardian can both be reached
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Office Use Only:	
Date Received:	
Schedule Change Made By:	
School Counselor:	Date:

The mission of the South Fayette Township School District, in partnership with the community, is to cultivate academic, artistic, and athletic excellence of the whole child by fostering the skills to be confident, ethical, empathetic, and responsible global citizens.