## South Fayette High School



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## South Fayette Township High School Course Waiver Form 2023-2024 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.

You must submit a separate waiver for each class that you are requesting a waiver for.

<u>Course Waiver Forms may be submitted beginning March 24, 2023, and must be submitted no later than June 2, 2023.</u>

Current Gra	ade Level: (Please check o	one)		
8	9	10	11	
Approved C	Course Name (Original rec	commendation):		
Student Re	quested Course Name (N	ame of the course yo	u wish to waive into):	
Student, ple	ease read and initial on the	e lines to acknowledg	e understanding and re	esponsibility:
	_ The student will exhibit a homework, taking notes	•		
	The student must seek difficulties or concerns a considered.	•		

The student must consider the impact on his/her/their schedule and any grades that will transfe	er.
If a student request to withdraw from a course for which a waiver has been signed, the following will occur:	
During the first week of the course (start of school year or start of semester 2), the course may be dropped without penalty.	
After the first week of the course, a "W" symbolizing a withdrawal from the course will be placed on the student transcript.	d
Beyond the first two weeks of the course, a "WF" symbolizing a withdrawal-fail from the course Will be placed on the student transcript.	!
I have read and understand the information contained in this waiver.	
Student Name (Printed)	
Student Signature	
Date	
Email Address	
Parent/Guardian Name (Printed)	
Parent/Guardian Signature	
Date	
Parent/Guardian Email Address	
Phone number where the student and parent/guardian can both be reached	
Office Use Only:	~~~
Date Received:	
Schedule Change Made By:	
School Counselor Date	