**David Brearley Middle High School**

**Waiver Application**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_\_\_\_\_ **School Year:** \_\_\_\_\_\_\_\_\_\_

**Recommended Course**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Honors Course Requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Referring Teacher**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form is to be completed by students ONLY if they have met the grade requirement, but did not receive a teacher recommendation. Grade requirements are as follow:**

 **From Regular to Honors 90**

**From Regular to AP 95**

 **From Honors to Honors 85**

 **From Honors to AP 88**

I understand the school’s recommendation that my academic needs will be best served in the general education classroom instead of honors. After carefully considering this recommendation, I will like to be given the opportunity to enroll in the honors program because I believe I am capable of succeeding at this level and it will help me accomplish my personal and academic goals.

If placed in this program, I understand I am making a commitment to put forth the time and effort required to be successful in meeting the rigorous course expectations. Based on my performance as a waiver student, I may not be returned to the general education classroom until the following school year.

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

I support my student in making this decision. We have thoughtfully considered and discussed his/her test scores, classroom performance, work habits, motivation, individual learning style, and academic needs as they pertain to his/her potential for success in the honors program.

I also understand that his/her placement into the honors course is based on availability. If the course is currently at maximum, my student will be placed into the course that he/she was initially recommended.

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

I met with the above student and parent(s) to discuss the expectations of the honors program and the student’s ability and motivation to meet those expectations. My signature signifies that I have advised them of the student’s potential success in the honors course based on classroom performance and test scores, but does not necessarily indicate agreement with the decision to submit a waiver.

**Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY COUNSELOR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date form given:** | **Date form returned:** | **Contact to schedule meeting:** | **Meeting scheduled for:**  |

|  |  |
| --- | --- |
| **Pervious Course:**  | **Pervious Teacher:**  |
| **Marking Period 1** | **Marking Period 2:** | **Midterm Exam:** | **Semester Average:** |
| **Marking Period 3:** | **Marking Period 4:** | **Final Exam:**  | **Final Average:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Recommendation:** **⁯ Yes ⁯ No**  | **Test Scores:** | **Test Scores:** | **Test Scores:** |

**MEETING**

|  |  |
| --- | --- |
| **Conference Date:** | **Attendance:**  |
| **Comments:** |

**DEPARTMENT SUPERVISOR’S APPROVAL**

|  |  |  |
| --- | --- | --- |
| **Signature:** | **Date:**  |  **⁯ Approved** **⁯ Not Approved**  |
| **Comments:**  |

**COMPLETION OF PROCESS**

|  |  |
| --- | --- |
| **Supervisor’s Signature:**  | **Date:**  |
| **Letter Attached:** **⁯ Yes ⁯ No** | **Grade History Attached:**  **⁯ Yes ⁯ No** | **Meeting Held:**  **⁯ Yes ⁯ No** | **Signatures Acquired:** **⁯ Yes ⁯ No** |