



**Rolesville High School**  
**Student Services**  
1099 E. Young Street  
Rolesville, NC 27571  
www.Rolesvillehs.com

tel: (919) 554-6310  
fax: (919) 554-6319

## Course Placement Waiver

### 2014-2015

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

**I am requesting the following change of course placement for my child:**

SEMESTER	REMOVE FROM: Course Name	ENROLL IN: Course Name
1 or		

I understand that, based on a variety of data such as test scores, grades, course prerequisite requirements, and teacher recommendations, my son/daughter has been advised to enroll in the course listed above for the next school year. I further understand that enrolling in a higher or lower level course may result in a level of instruction that does not adequately meet the educational needs and demonstrated ability of my son/daughter.

Contrary to the recommendation of the school, I wish to have my child placed in the above listed course for next school year. I agree to monitor closely my child's progress in this course and to provide appropriate support as needed. Students will not be allowed to drop the waived course once the schedule change is completed. The course placement is final.

I accept the responsibility for this decision and will not expect the Principal to change the course at a later date because of incorrect placement.

Student's Signature	
Parent/Guardian Signature	
Date	

**Please returned signed form to Student Services**



**WAKE COUNTY**  
PUBLIC SCHOOL SYSTEM