



METUCHEN PUBLIC SCHOOLS

Guidance & School Counseling Department
400 Grove Avenue, Metuchen, NJ 08840

Metuchen High School
(732) 321-8733 x 5020

NEXT YEAR COURSE RECOMMENDATION-WAIVER FORM

*Complete this form if you are requesting a change in placement recommendation for the next school year.
Complete and submit this form to the Department Supervisor.*

Student's Name: _____ Student's ID#: _____ Date: _____

Current Grade: _____ Counselor: _____

Step 1: State the Request being made by Parent and Student:

Current Course/Placement Recommended: _____

Requested Course/Placement: _____

Supervisor: Henn (Science/Math/Practical Arts/Business) khenn@metboe.k12.nj.us
 North (English/History) jnorth@metboe.k12.nj.us
 Jaye (World Language/Visual & Performing Arts) ajaye@metboe.k12.nj.us

Parents and Students Must Read:

The student and parent/guardian understand that if this waiver request is approved, the student is making a commitment to remain in the class for the **duration of the 2021-2022** school year even if a passing grade is not obtained. Students are encouraged to develop persistence and resilience in honoring their commitments of **passing** the course selections by attending and satisfactorily completing the course for which they enroll.

As a reminder, if your request is going against the **recommendation of the current teacher**, for next year and approved, the student will remain in the class for the entire year.

Parent Name: _____ Parent Email: _____

Parent Signature: _____ Student Signature: _____

Step 2: Student and Parent Complete:

Reason for Request: _____

(The student is responsible for contacting the current teacher to discuss course placement-see Step 3)

Step 3: Current Teacher and Student Conference

Teacher Name: _____

Student has achieved the following grades:

Marking Period Grades: MP1: _____ MP2: _____ MP3: _____

Date when student and teacher have spoken about the placement appeal: _____

Teacher Comments:

Teacher Signature: _____ **Date:** _____

Step 4: Student must email completed form to Department Supervisor

Step 5: Department Supervisor Comments and Recommendations

(Supervisor, please return to the specified counselor when complete)

Approved

Denied

Supervisor Comments, if any:

Date: _____ Supervisor Signature: _____

Office Use Only:

Additional performance indicators reviewed: _____

School Counseling Supervisor Signature: _____ Date: _____