	Date:
Dear Parent,	
Your child's scores on state assessment tests indicate that he/she is paddition to the required courses needed for graduation, we have recourses in reading/mathematics. We recognize that adding an intendave to give up a favorite elective to focus on improving academic placement offers your student the best opportunity to improve his/h high school and moving into postsecondary training.	ommended your student for intensive sive course means that a student may skills. However, we believe that this
Despite the advice of school administrators and teachers, you have the intensive reading/mathematics course(s). Your signature below Educational Planning Team to review your child's reading performachild's skill deficiencies and are refusing to follow the school admir remediation.	indicates that you have met with the ance and that you are aware of your
Sincerely,	
Principal 	
Student's Name:	Grade:
Parent Name:	Phone:
Yes, I realize my student is deficient in reading/mathematics skills, recommended placement in an intensive skills class. I am refusing of school personnel.	
Parent Signature:	Date:

Form No.: CUR-920-013 – Parental Waiver of Supplemental Course Work Template New Date: 9/17/19