

**Arlington High School
PREREQUISITE WAIVER REQUEST FORM**

Instructions: The student and his/her parent should complete the front of this form and then email to the coordinator of the appropriate department. Forms should be submitted by July 8, 2019. Please note approval of waivers is not a guarantee placement into class.

Student Name: _____ Student ID #: _____ Date: _____

Guidance Counselor: _____ Grade (when you will take course): _____

Course name you are requesting admittance to: _____

Department: _____

Student: Please explain why you want to take this class and how you think you will be able to handle the work load and difficulty even without meeting the prerequisites. What will change to make sure you are successful in this course?

In the chart below, **please list all courses mentioned as prerequisites in the course selection guide**, along with the school year you took the course, your marking period grades, your final exam grade, your course average, and your teacher's name. If you do not have this information, you may ask your guidance counselor for help.

Course Name	Year	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Exam	Average	Teacher

Students and Parents: Please read the statement below, and sign the bottom of this form.
We understand that we are asking to enroll in a course against departmental recommendations. This may result in lower course grades or unsatisfactory achievement. Should we decide to drop this course after it has begun, we understand that scheduling options may be limited or nonexistent. We have discussed this with the guidance counselor and understand these potential consequences.

Student Signature: _____

Parent Name (printed): _____ Parent Signature: _____

Coordinator Use Only:

Which portion of the prerequisite would need to be waived and by how many points?

Notes from discussions with teachers in my department regarding this request:

Notes from discussions with administrators regarding this request:

FINAL DECISION (circle one):	APPROVED	NOT APPROVED
COORDINATOR SIGNATURE:		DATE:

If not approved, give the reason:

Once form is completed please email to appropriate coordinator and copy your guidance counselor

Social Studies Coordinator: KBellino@acsdny.org
Math Coordinator: mhoyt@acsdny.org
Science Coordinator: EPrice@acsdny.org
English Coordinator: LOgden@acsdny.org
Foreign Language Coordinator: Dmcandrew@acsdny.org
Art Coordinator: Tbraggins@acsdny.org

- Ms. Ale Kale@acsdny.org
- Mr. Dezago Jdezago@acsdny.org
- Mrs. Downes Adownes@acsdny.org
- Mrs. Hartman mhartman@acsdny.org
- Mr. Jakubek Sjakubek@acsdny.org
- Mrs. Tolworthy Stolworthy@acsdny.org
- Mrs. Kruger Hkrueger@acsdny.org
- Mrs. Lucas Dlucas@acsdny.org
- Mrs. Marshall Kmarshall@acsdny.org
- Ms. Marton Tmarton@acsdny.org
- Mrs. Mascetta Kmaschetta@acsdny.org
- Mr. Philips phillips1@acsdny.org
- Mr. Provost Mprovost@acsdny.org
- Mrs. Slinn Cslinn@acsdny.org
- Ms. Weber Cweber@acsdny.org