

**CLARKSTOWN CENTRAL SCHOOL DISTRICT
HIGH SCHOOL COURSE SELECTION WAIVER**

DATE: _____

STUDENT NAME: _____

PARENT NAME: _____

HOME PHONE NUMBER: _____

PARENT EMAIL: _____

RECOMMENDED COURSE: _____

By signing below, I, the parent of the above named student understand that:

- The recommended course listed above is the advised course put forth for my son/daughter, and this course represents the professional judgment of his/her teacher;
- Enrollment is based upon availability in the course;
- A change back to the originally recommended class cannot be guaranteed during the school year.

In full agreement with the conditions above, I request that my child instead be scheduled into the following course:

REQUESTED COURSE: _____

Parent/Guardian Signature

Date

Department Chairperson Signature (Not required for 8th to 9th grade waivers)

Date

School Counselor Signature

Date

High School Principal Signature

Date

COMMENTS: _____

cc: Student File, Academic Department Chairperson, Principal's Designee

For FFMS students, please mail the original form ASAP directly to:

**NORTH High School
Harry Leonardatos, North Principal
151 Congers Road
New City, NY 10956**

**SOUTH High School
Debra Tarantino, South Principal
31 Demarest Mill Road
New City, NY 10956**