

Baton Rouge Magnet High School  
Parent Waiver of School Recommendation

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)  
Please print legibly

Accurate course placement is critical to student success. As part of the registration process, teachers and counselors advise students and recommend courses for the following year. Recommendations are based on prior student performance in current year courses, placement tests, and teacher understanding of curriculum requirements of subsequent courses. Our chairperson and/or counselor have recommended the next course(s) for which your student is best prepared to succeed.

*Based on the placement test, I understand that my child has been recommended for enrollment in the following course:*

Course Name: \_\_\_\_\_

*However, I am requesting that my child be enrolled in the following course:*

Course Name: \_\_\_\_\_

*I understand that I am overriding the placement recommendation of the school's administrator, teachers, and counselors by enrolling my child in the above requested course. I acknowledge that this may result in academic difficulties in the course. I take responsibility for selecting a course for which my child was not recommended for enrollment. **I understand that the ten-day drop period must be adhered to for this course.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

Return this form via fax to 225-344-7413.