

# Ventura USD

## Exhibit

### 9<sup>th</sup> Grade Mathematics Placement Waiver

E (2) 6152.1

#### Instruction

Mathematics 1 Honors	Mathematics 1	Math 1 Readiness
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Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Course placement is made after reviewing state and district assessments and classroom performance. Students are placed in classes where they will be challenged and not discouraged or overwhelmed. If a parent or guardian requests a change in the course recommendation for a student, the parent/guardian must submit a placement waiver. **This waiver does not guarantee approval.**

Course REQUESTED by student/parent/guardian: \_\_\_\_\_

Course RECOMMENDED by School: \_\_\_\_\_

#### **STUDENT (PLEASE INITIAL EACH STATEMENT)**

\_\_\_\_\_ I request that I be placed in the course listed above, even though I have not been recommended for that course because I have not met all of the placement criteria.

\_\_\_\_\_ I understand that the course I am requesting is more challenging than the course recommended by the professional staff.

\_\_\_\_\_ I am aware that I may have difficulty meeting the demands of the course based on my current level of academic preparation.

#### **PARENT/GUARDIAN (PLEASE INITIAL EACH STATEMENT)**

\_\_\_\_\_ I understand that this course will place more stringent demands on my student.

\_\_\_\_\_ I will not hold the teacher accountable to teach the student material the student is expected to know upon entrance into the course.

\_\_\_\_\_ I understand that this placement is against the recommendation of my student's teacher and/or the guidelines established for academic placement by the high school in which my child is enrolled.

\_\_\_\_\_ I understand that, if my student is waived, my student will remain in the course for a **minimum** of one semester and I will accept responsibility for any possible consequences regarding graduation and/or college admission.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Waiver request **Approved**

Waiver request **Not Approved**

Counselor Initial \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Initial \_\_\_\_\_ Date: \_\_\_\_\_

Policy: VENTURA UNIFIED SCHOOL DISTRICT  
adopted: June 14, 2016 Ventura, California

**SUBMIT WAIVER TO HIGH SCHOOL COUNSELOR by the 10<sup>th</sup> day of instruction in grade 9.**