



Stuyvesant High School

Jie Zhang, Principal

Parental Waiver Form for Advanced Placement Courses

Student Name _____

Official Class: _____

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4 digit Student ID #

Students who do not have the required minimum overall average to take an additional Advanced Placement course must fill out this form. After the form has been signed by the student, Guidance Counselor and Parent or Guardian, Guidance will confirm with the parent/guardian that approval to undertake the extra course load and agreement that their child will not be permitted to drop any Advanced Placement classes once the term has started were given. After Guidance has obtained confirmation, this form must be given to the Program Office which will add an extra slot to the student's online menu.

NOTE: Stuyvesant High School's Policy on Advanced Placement Courses *strongly* recommends that no student take more than three Advanced Placement courses a term. Students may apply for multiple A.P. courses provided the following criteria are met:

- 1- Any student who meets the departmental requirements for an individual A.P. course will be eligible for that course regardless of the student's overall average.
- 2- Students who wish to take 2 Advanced Placement classes must have a MINIMUM overall average of 88%.
- 3- Students who wish to take 3 Advanced Placement classes must have a MINIMUM overall average of 93%.
- 4- Students who wish to take 4 Advanced Placement classes must have a MINIMUM overall average of 95%.

PART I My overall average is _____ % and I request to take an additional A.P. class.

I have read and accept the terms of the School Policy on Advanced Placement Courses. I understand that I will be considered for an additional advanced placement course only after selections are made from candidates applying through the regular process. **I understand that I will not be permitted to drop any Advanced Placement courses into which I have been accepted.**

Student's signature _____

Date _____

PART II TO BE COMPLETED BY YOUR PARENT OR GUARDIAN

My child _____ has my permission to enroll in one extra AP class for the _____ academic year.

• I have read the School Policy on Advanced Placement classes (summarized above and detailed on the school website).

• I understand that my child is enrolling in more Advanced Placement courses than is recommended.

• My child and I understand that enrollment in an A.P. class entails the commitment to complete that course and fulfill all of the course requirements.

• I understand that I may be called by a member of the Guidance Department to verify this permission. I may be reached between _____ AM and _____ PM (8 AM to 3 PM) AT _____

area code

phone number

Parent's signature _____

Date _____

Name printed _____

DO NOT WRITE BELOW THIS LINE - GUIDANCE DEPARTMENT USE ONLY

COMMENTS:

Guidance Counselor

Date