

**PLAINFIELD HIGH SCHOOL – CENTRAL CAMPUS
DECLINATION FORM**

Date: _____

Student's Name: _____ ID Number: _____

Counselor: _____ Grade: 09 10 11 12

Your child's teachers have made placement recommendations for your student **2021-2022** courses. In the scheduling process, your student requested a change to this recommendation. See below:

Teacher recommended course for next year: _____
(course)

Your student's requested course for next year: _____
(course)

Parent/Student Agreement:

- I/we understand that the teacher and department chair do not endorse placement in the requested course based on my child's academic performance predictors and current achievement. I/we understand that supplemental academic support may be necessary to assist my son/daughter, and take responsibility for providing or assisting with the needed resources or remediation.
- If my/our child's work in this course is not satisfactory, I/we will support and take responsibility for recommended remedial measures.
- Students moving to a new level after the start of the school year without departmental endorsement are responsible for learning any material previously covered by students at the new level.
- I/we also understand that my child will remain in this course and level until the end of the semester/year.

If you or your student has questions about this placement, please contact the Department Chair or your student's counselor at (815) 436-3200.

Read the above statements and recommendations. Please sign, indicating your receipt of this recommendation and verifying your desire to have your student remain in the class they selected. Return the signed form to Student Services Assistant Principal Jon Puklin at JPuklin@psd202.org or FAX (815) 439-0782.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____