

Ashe County High School

PO Box 450
West Jefferson, NC 28694
Telephone: (336) 846-2400
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Class Waiver Form

I understand the class description and academic requirements of the courses offered to my child. I understand the reason(s) he or she is being recommended for the following course selection.

Recommended Course(s) _____

I am requesting that my child waive this recommendation and register for the following course(s).

Registered Course _____

Parent's Signature: _____
Student's Signature: _____
Date: _____