



400 North Church Street Monroe, NC 28112

Phone 704.296.0825 Fax 704.283.8419 www.ucps.k12.nc.us

Dear Parent:

RE:	
Student Name	
Your child has been recommended by his/her teacher for	or the following course(s):
(Write in recommended course) (required)	
(Write in recommended course) (required)	
This recommendation is based upon:	
• Your child's academic performance, work eth	ic, and standardized test scores,
• The teacher(s) knowledge of the work require	ed for honors and/or AP classes, and
• The likelihood that your child will encounter of	difficulty in and honors and/or AP class.
However, if you choose not to follow this recommendat	tion with the understanding that your child may find this
honors or AP level class too difficult, by signing this letter	er you agree to and understand that your child will not be
moved by a schedule change once your child's attendan	nce in the honors or AP level class begins. Please understand
that there is absolutely no exception to this provision, a	and in that regard please consider very carefully the
ramifications of this decision before you waive the reco	mmendation.
I choose not to follow the school's recommendation and	d instead choose to place my child in the following course(s):
(Write in Honors/AP level course) (required)	
(Write in Honors/AP level course) (required)	
Parent Signature (required)	Date (required)
Parent Phone # (required)	Parent E-mail (required)

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