

# Academic Excellence Waiver Form

Member's Name: \_\_\_\_\_

Member's School: \_\_\_\_\_

Date: \_\_\_\_\_

Member's Grade:  TK  K  1st  2nd  3rd  4th  5th  6th  7th  
 8th  9th  10th  11th  12th

**A. GRADE CHECK** \_\_\_\_\_

(initial)

I grant permission to the Academic Excellence Department to view my child's grades upon request.

**B. TEACHER COMMUNICATION** \_\_\_\_\_

(initial)

I understand that by allowing the Academic Excellence Department to view my child's grades I am also allowing them access to communicate with their teachers if the student shows signs of struggling and in need of extra academic support.

**C. SPORTS PROGRAM CHECK IN** \_\_\_\_\_

(initial)

With access to the member's academic standings, sports programs will be able to check in with AE Staff to monitor their athletes academic standings as well as require their athletes to attend AE if improvement is needed, this will be up to the coaches discretion.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. I have read the foregoing and I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below.

\_\_\_\_\_  
Parent/Legal Guardian Signature Parent/Legal

\_\_\_\_\_  
Guardian Relationship to Child

\_\_\_\_\_  
Parent/Legal Guardian Name (printed)

\_\_\_\_\_  
Date