Stu name: _____          Long ID: _____

# Beckman High School

AP/Honors Healthy Limit Waiver

Beckman High School values the health and well-being of our students and we acknowledge that course selection/course load plays a tremendous role in a student's ability to participate in the experiences our school has to offer.  As a result, any student wishing to exceed the "Healthy Limit" number of weighted (AP/Honors) courses is required submit this waiver each academic year and complete an online activity (For more information, please refer to the AP/Honors Healthy Limit FAQ (https://bit.ly/2FQc5V7).  Once completed, this form should be submitted to Ms. Perez in the Counseling Office.

Parents and students: Please initial each item below indicating that you have read the information and understand its implications for your child.

| Parent | Student | |
|---|---|---|
| _____ | _____ | I understand that AP/Honors courses are roughly equivalent to a college class level and therefore have a workload similar to that of a college class. |
| _____ | _____ | I understand that students who take more than the recommended number of AP/Honors courses generally experience less sleep than those who do not. |
| _____ | _____ | I understand that students who take more than the recommended number of AP/Honors courses generally report a higher rate of health-related absences than those who do |
| _____ | _____ | I understand that 5 of the top 7 stressors identified by Beckman students are directly related to course load decisions. |
| _____ | _____ | I understand that the TUSD drop deadline for ALL courses is the Friday of the 4th week.  Any drops after that date will result in a "W/F" (Withdraw/Fail) on the transcript which equates to an F in the GPA calculation |
| _____ | _____ | I have completed the online activity discussing the various aspects of taking on a heavy course load. |

**Student Signature:** _____ **Date:** _____

**Parent/Guardian Signature:** _____ **Date:** _____

**Parent Email (Used in online activity):** _____

| Office Use Only | |
|---|---|
| OnAc | |
| PaGu | |
| AeFl | |

Please return completed form to the counseling office AFTER the online activity has been completed.