

**MARENGO COMMUNITY HIGH SCHOOL DISTRICT #154**  
**PRE-REQUISITE WAIVER FORM**

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

Course: \_\_\_\_\_

Pre-requisite to waive: \_\_\_\_\_

Alternative course if not approved: \_\_\_\_\_

Rationale:

Student signature: \_\_\_\_\_ Parent signature: \_\_\_\_\_

*Office Use Only*

Counselor: _____	Yes _____	No _____
Department: _____	Yes _____	No _____
Administration: _____	Yes _____	No _____