Dear Parent/Guardian,

Your student has elected to take a course on a Pass/No Credit (P/NC) basis. School Board Policy #2420 A states Pass/No Credit option for a semester class must be exercised between the start of the 10th week and the end of the 12th week of that semester.

The deadline to submit a completed Pass/No Credit Permission Form to the Counseling Center for the 1st semester of 2020-21 is January 8, 2021 (Grades 9-12). The deadline for submitting a Pass/No Credit Permission Form for the 2nd semester is May 20, 2021 (Seniors) and May 28, 2021 (Grades 9-11).

In order that the school be completely aware of the parent/guardian’s wishes in this situation, we are asking that you sign the form below and have your student return it to the Counseling Center after they have obtained all the required signatures. Without your signature, your student will be unable to request the Pass/No Credit option and will receive a letter grade.

The district policy on Pass/No Credit can be found at https://www.boarddocs.com/wa/misd/Board.nsf/goto?open&id=9QRFMB15ED22#.

If you have any questions concerning the Pass/No Credit option, please feel free to contact the Counseling Center at (206) 236-3354.

Sincerely,
MIHS Counseling Department

-------------------------------------------------------------------------------------------------------------------

I give my student ___________________________________ permission to take ___________________________________________ as a Pass/No Credit. It is my understanding that once a student has decided on a Pass/No Credit it will remain in effect for the entire semester. A student is allowed to select only one course per semester using the Pass/No Credit option.

___________________________________________________________
Student Signature Date

___________________________________________________________
Parent Signature Date

___________________________________________________________
Teacher Signature* Date

* Sign only after both student and parent have signed. Be sure to keep a record of your Pass/No Credit agreement and accompanying Intervention Plan.

**To be filled out by counseling Department:** Date Received in Counseling Center: __________
Counselor Receiving Form: __________ (initials)