

**San Diego Unified School District**

**PRINCIPAL’S CERTIFICATION OF COMPLIANCE WITH AB 1012**

High School School Term and Year

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| --- | --- |
| I certify that all students enrolled during the school term and year indicated are assigned to classes with educational content for the full school day with the exception of the students listed below. | Principal Initials |
| I certify that any student who is repeating a course that was previously passed with a grade of A, B or C has a signed waiver (Attachment 3: Student Enrollment Consent Form) that is on file in the student’s cumulative file justifying the decision to repeat the course and acknowledging signature approval from the site administrator, guardian and student. |  Principal Initials |
| I certify that all students are scheduled in a full complement of courses that matches the regular school day in the bell schedule unless they are in grade 12 and proper exemption paperwork is in the cumulative file for one short period. | Principal Initials |
| I certify that all students are scheduled in the appropriate coursework to best sequence an on time graduation (diploma bound or certificate of completion bound). | Principal Initials |
| I certify that **both** of the conditions listed below were met for any student(s) listed who is/are exempt from full compliance with AB 1012:1. The parent, guardian, or educational rights holder has consented in writing to the assignment for the period. The consent form is attached and filed in student cum.

**AND**1. A school official determined that the pupil would benefit from the assignment. A rationale for the assignment and school official’s signature are on the attached form.
 |  Principal Initials |

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| --- | --- | --- | --- |
| **Full Name (Last, First)** | **Student ID** | **Course Assignment** | Student repeating course, previously earned a “C” grade (√) |
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\*The Principal’s Certification of Compliance with AB 1012 must be completed and submitted within 2 weeks at the beginning of each school term.

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| **Principal’s Name (Please Print)** |  | **Signature** |  | **Date** |
| **Area Superintendent’s Name (Please Print)** |  | **Signature** |  | **Date** |

**Retain the *original* signed document at the school site and submit a *copy* of this signed document to the Office of Leadership and Learning at** **secondryschools@sandi.net****, no later than the third week of each term.**



**Student Enrollment Consent Form**

Student Name Student ID

High School School Term and Year

Please select:

* + - Permission is granted for student to be enrolled in a course code without Educational Content
		- Permission is granted for student to repeat a course in which he/she received a grade of C or better.
		- Permission is granted for a grade 12 student to receive a short schedule (one period short of the full schedule)

**Rationale, including a description of how the student will benefit from enrollment in the course listed. Attach additional pages as necessary.**

* For short day request due to a 504 or IEP –the 504 or IEP must be verified by counselor prior to using Med EX Home (5901)
* For short schedule requests in grade 12 include verification of the following: 1) the student has completed, or is currently enrolled in, all SDUSD graduation required classes; 2) the student has earned 36 graduation credits prior to beginning 12th grade; 3) the student has a cumulative overall GPA of 3.0 or higher; 4) the student is a graduating “class of” senior in good standing; and 5) the student has attempted and completed (or is currently enrolled in) at least one advanced studies course: college course, Advanced or Honors weighted courses, AP course, IB course and/or CCTE college articulated course during grades 10-12.

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| Course | Rationale  | Counselor Approval |
|  |  |  |

Parent/Guardian Print Name ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Student Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Counselor Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_

 Completed form must be filed in student’s cumulative folder.