Warren County Schools
Review Committee Documentation Form
Principal Wavier Form

School_____ Date_____

Student_____ Grade_____

Principal_____ Teacher_____

Principal's Decision: Promoted_____ Retained _____

Met course standard_____ Retake course_____

Justification for decision:

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Principal's Signature Date

***Note**: Please submit a copy of this form to the Director of testing and accountability within 10 days of the committee's recommendation.*