

Application for waiver of up to two elective high school graduation credits based on unusual circumstances.

Instructions:

Please review the District's Policy and Procedure 2418 prior to completion of this form. This form must be completed, signed, and provided to the Superintendent's Office no later than thirty (30) business days prior to high school graduation for the year the waiver is requested.

Providing the completed form does not automatically guarantee a waiver will be granted. Once the application is submitted, the Superintendent or designee will respond to the request within ten (10) business days with his/her decision.

Please attach any and all materials and/or documentation that would establish the existence of the unusual circumstances justifying a waiver (e.g. physician's letter). Please attach additional pages, if necessary, to the narrative section.

Parents or adult students with limited English proficiency may request that this application and/or the policy and procedure be provided in a language that they understand.

Student Identification (required):

Name of person completing this form:	<input style="width: 100%;" type="text"/>		
Relationship to student:	<input style="width: 100%;" type="text"/>		
Address of person completing form:	<input style="width: 100%;" type="text"/>		
Daytime phone number:	<input style="width: 100%;" type="text"/>		
Student's Name:	<input style="width: 100%;" type="text"/>		
Student ID No:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Student's Date of Birth:	<input style="width: 150px; height: 25px;" type="text"/>	Expected Graduation Yr:	<input style="width: 100px; height: 25px;" type="text"/>

Basis for Waiver Request (required). Check all that apply:

<input type="checkbox"/> Disability (regardless of whether student has an IEP or Section 504 plan)
<input type="checkbox"/> Health condition resulting in student's inability to attend class
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Limited English proficiency
<input type="checkbox"/> No opportunity to retake classes or enroll in remedial classes free of charge during the first four years of high school
<input type="checkbox"/> Transfer during the last two years of high school from a school with different graduation requirements
<input type="checkbox"/> Other circumstances (e.g. emergency, natural disaster, trauma, personal or family crisis) that directly compromised the student's ability to learn

Narrative (required):

Signature and Authorization (required):

I am requesting that the Superintendent/designee waive _____ elective credits required for _____ 's
number of credits Student's Name
(not to exceed 2)

high school graduation in _____ due to the unusual circumstances indicated above.
year

I hereby authorize the Superintendent or designee to contact, consult, and/or confer with any individual referenced in the application who would have knowledge of the unusual circumstances, except for those subject to a duty of confidentiality.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.

Signature of Parent or Adult Student

Date

Signature of Principal

Date

Signature of Superintendent/Designee

Date