

**The Potomac School Waiver/Independent Study Application
2019 – 2020 SCHOOL YEAR**

Waiver/Independent Study applications must be completed and approved in advance and must be turned in by **June 1, 2019** for the 2019-2020 school year. **It is the applicant's responsibility to follow up and make sure that all supporting documentation is turned in to Mrs. Mays.** If an extension is needed, you must gain prior approval from Mrs. Mays, the head of the waiver committee, or from the Athletic Directors. **Even with an extension granted, the latest possible date to submit an application is one week prior to the start of a season.** Please read the eligibility requirements carefully. Complete both sides of the application and secure the necessary signatures. Return this application to Mrs. Mays or the Athletic office by June 1, 2019.

Eligibility Requirements

1. Please understand that a Waiver/Independent Study is a privilege the school gives to those students who are eligible. We expect full cooperation from the student or the Waiver/Independent Study may be withdrawn at any time.
2. **Independent Study:** (for students wishing to try an activity not available at Potomac) will be granted on a limited basis for one season per year to **juniors and seniors** exclusively. **There are five exceptions:** independent studies are available to students in 9-12 for one season of dance, playing on an ice hockey team, horseback riding, martial arts or rowing crew with a team. A log of your activities must be turned into Mrs. Mays at the conclusion of the season. The log must consist of all dates and times you practiced, trained or took a class related to your activity. Tournaments, or shows, in which you participated, must also be listed along with any formal results. Your supervisor, trainer or coach should sign the last page of the log verifying your information. If the log is not turned in, you will not receive credit for that season. The Waiver Committee will look at each application on a case-by-case basis. Please see Mrs. Mays, Head of the Waiver Committee, for more specific information about the criteria and the process.
3. **The opportunity to apply for a waiver** is granted to 9-12th grade students who are involved at an elite level of performance in their chosen activity. Proof of performance level must be included as part of this application. If you participate on a national level developmental program in your sport, you are eligible to apply for a team sport waiver. **Documentation must demonstrate that an elite level has been achieved. A letter from your coach/supervisor is required.**
4. Should a Waiver/Independent Study be granted in a sport that The Potomac School offers, the applicant must agree to participate on school team as a prerequisite to approval of the application.
5. Applicants for a Waiver or Independent Study must maintain a log of their activity. All logs must be submitted to Mrs. Mays at the end of the season. Your coach/supervisor will periodically be contacted during the season.

I. APPLICANT'S NAME (please print)

Last Name	First Name	Grade
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II. APPLICATION FOR (circle one): Waiver Independent Study

III. SEASON (circle the season): Fall Winter Spring

IV. ACTIVITY: _____

LOCATION/SPONSORING ORGANIZATION: _____

START DATE: _____ FINISH DATE: _____

DAYS PER WEEK: _____ HOURS PER DAY: _____

PLEASE USE THE AREA BELOW TO ELABORATE ON YOUR PLANS:

STUDENT ACTIVITY RECORD

Include all activities to date in the appropriate season and year. Indicate Waiver/Independent Study where applicable.

	FALL SEASON	WINTER SEASON	SPRING SEASON
9 TH GRADE			
10 TH GRADE			
11 TH GRADE			
12 TH GRADE			

STUDENT’S SIGNATURE: I understand that failure to complete this project **as outlined on my approval form** will result in a loss of credit.

Student’s Signature

Date

SUPERVISOR’S SIGNATURE AND CONTACT INFORMATION: I understand that the above named student must successfully complete this project as described in order to receive credit. I agree to complete an evaluation form provided by the school at the completion of each season.

Supervisor’s name (please print)

Supervisor’s Signature

Date

Address: _____

City: _____

State, Zip: _____

Cell Number: _____ Email _____

PARENT’S SIGNATURE: I am aware that my child is planning to fulfill his/her athletic requirement for the indicated season(s) through the Waiver/Independent Study option and I consent to the same. I acknowledge that this is not a school-sponsored activity and, as such, accept full responsibility for all aspects of the project, including, but not limited to, the selection of the activity, the sponsoring organization, and all associated costs. The Potomac School shall not be responsible for any cost or liability involved in this project.

Parent’s Signature

Date

U.S. ADVISOR’S SIGNATURE: I am aware that my advisee has applied for a Waiver/Independent Study. This student is in good academic standing. He/she should be able to handle this project without jeopardizing his/her academic standing.

U.S. Advisor’s Signature

Date

NOTE: Students will receive notification of approval or denial of their application following review by the Waiver/Independent Study Committee. The decision of the committee is final. The head of this committee is Mrs. Barbara Mays in the Physical Education Department.