

Independent School District 280
Richfield, Minnesota

Richfield Dual Language School

***APPLICATION FOR EXEMPTION FROM
THE SCHOOL UNIFORM DRESS GUIDELINES***

Name of the person submitting this application: _____

Name of student: _____

Address: _____ Telephone #: _____

School year: _____ Teacher: _____ Grade: _____

I certify that I am the parent or legal guardian of the student named above. I choose not to have my child comply with the Richfield Dual Language School Uniform Dress Guidelines and hereby request exemption. I understand that this exemption applies only to the current school year, and that that this exemption will be effective following review by the Building Principal. I further understand that I have the right to rescind this request at any time during the school year.

The reason for requesting an exemption is as follows:

Signature of Parent/Guardian

Date of Request

Signature of Principal

Date Reviewed