

GRADUATION REQUIREMENTS WAIVER REQUEST

Student Name: _____ Date: _____

Student ID # _____ School: _____

Address: _____ Phone: _____

Anticipated Year of Graduation: _____ Current Grade in school: _____

Course to be Waived: _____ Course Replacement: _____

Reason for Request: _____

Requested by:

Student Signature Date

Parent Signature Date

To be completed by your counselor:

High School and Beyond Plan Completed Yes No
Conditions met for request of waiver: _____

Counselor Signature Date

Approval to Pursue Waiver Process

Approved Denied Exception for Unique Situation
(ex: medical)

Principal Signature Date

Waiver Compliance

Student has complied with waiver requirements: Yes No

PE Assessment Passed (if applicable): Cognitive Physical Skill

Counselor Signature Date

**If the waiver request is denied, an appeal maybe made to the Assistant Superintendent for Secondary Education
no later than 30 school days after receiving notification of denial.**