

WAIVER OF HIGH SCHOOL GRADUATION CREDITS

North Kitsap School District
18360 Caldart Avenue NE
Poulsbo, WA 98370

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

Please review the district's Policy 2418 prior to completing this form. This form must be completed, signed, and provided to the school counseling office not later than 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 and reviewed by the high school principal, the Director of Secondary Schools (Superintendent Designee) will respond to the request within 10 business days with his or 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 be provided in a language that they understand.

Student Identification (required)	
Name of person completing this form:	
Relationship to student:	
Address of person completing this form:	
Daytime phone number:	
Student's Name:	
Student's ID Number/Date of Birth:	
Expected year of graduation:	
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	

[] Transfer during the last two years of high school from a school with different graduation requirements

[] 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 or designee waive ____ (*insert up to two elective credits*) required for _____ (*insert student's name*) high school graduation in _____ (*insert year*) due to the unusual circumstances indicated above.

I hereby authorize the Superintendent or designee to contact, consult and/or confer with any individual referenced in this 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