



**Waiver of High School Graduation Credits**

**Instructions:**

Please review the district’s Policy and Procedure 2418 prior to completing this form. This form must be completed, signed and provided to the high school or Superintendent’s office no later than thirty 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 business days with his or her decision.

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

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<b>Student Identification (All fields are required)</b>	
<b>Person completing this form</b>	<b>Student Information</b>
Name:	Name:
Relationship to student:	ID number:
Address:	Date of birth:
Daytime phone number:	Expected year of graduation:
<b>Basis for waiver Request (required) (check all that apply):</b>	
<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 a different graduation requirement <input type="checkbox"/> Other circumstances (e.g., emergency, natural disaster, trauma, personal or family crisis) that directly compromised the student’s ability to learn	
<b>Narrative: (required)</b>	
Number of elective credits requested to be waived: (up to 2.0)	
<b>Signature and Authorization: (required)</b>	
I am requesting that the Superintendent or designee waive the above number of elective credits required for high school graduation due to the indicated circumstances.  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 my 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: _____ Date: _____	