

HIGH SCHOOL ELECTIVE CREDIT WAIVER FORM

1. Student Information:

- ☐ Student last name _____
- ☐ Student first name _____
- ☐ State Student ID (use SSID - do not use the Student ID or Other ID) _____
- ☐ Graduation base requirement year _____
- ☐ Expected graduation month and year (mm/yyyy) _____
- ☐ Counselor last name _____
- ☐ Counselor first name _____
- ☐ Counselor email address _____
- ☐ Today's date _____

2. School _____

Application for waiver of up to two elective high school graduation credits based on a student's circumstances 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 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 all materials and/or documentation that would establish the existence of the 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 and procedure be provided in a language that they understand.

3. Basis for Waiver Request (check all that apply):

- ☐ Homelessness
- ☐ Health condition resulting in student's inability to attend class
- ☐ Limited English proficiency
- ☐ Disability (regardless of whether student has an IEP or Section 504 plan)
- ☐ 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

4. Number of elective credits requested to be waived (up to 2.0):

5. Narrative:

6. I am requesting that the Superintendent or designee waive up to two elective credits required for this student's high school graduation this school year due to the 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 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.

Counselor's signature:

17. Principal: Do you approve this request?

- ☐ Approved
- ☐ Denied

18. Principal signature:

Once you submit an approved form it will be forwarded to the registrar to update the student record in Skyward.