ISSAQUAH HIGH SCHOOL
REQUEST FOR SENIOR WAIVER

Student: **Last Name** **First Name**

I am requesting to have a senior waiver for the 2026-2027 school year:

Semester 1 – Period 1 Semester 2 – Period 1

Semester 1 – Period 7 Semester 2 – Period 7

The class I would like to drop from my requested schedule to accommodate an open period is:

_____

I acknowledge that:

- I am enrolled in sufficient credits for on-time graduation.
- I must remain in good standing for June graduation to retain the privilege of this waiver.
- I am not to be on campus during this senior waiver for the entire semester.
- I am responsible for being aware of any changes in class schedule due to assembly, half days, etc.

_____ _____
Student Signature Date

PARENT/GUARDIAN PERMISSION FOR SENIOR WAIVER

I give permission for my student to have a senior waiver for the 2026-27 school year. This means that they are not to be on campus during their senior waiver period for that semester.

_____ _____
Parent/Guardian Signature Date

COUNSELOR PERMISSION FOR SENIOR WAIVER

I have reviewed this student's credit status & determined that she/he/they are in good standing for an on-time graduation at IHS. I have informed this student of the responsibilities associated with the privilege of a waiver.

_____ _____
Counselor Signature Date

ADMINISTRATION PERMISSION

Student must be in good standing to be approved.

_____ _____
Principal Approval Date