



NORTH THURSTON PUBLIC SCHOOLS

2418F- Waiver of High School Graduation Credits

This application is available to students to waive up to two elective high school graduation credits based on a student's circumstances.

Please review the district's Policy and Procedure 2418 prior to completing this form. This form must be completed, signed and provided to the Assessment 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 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.

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|--------------|-----------|--------------------|
| Student Name | Birthdate | Grad Req Base Year |
|--------------|-----------|--------------------|

Specific Course(s) Requesting to be Waived; please include the number of elective credits to be waived up to (2.0).

Basis for Waiver Request (Required) (Check all that apply) Please attach narrative:

- Disability (regardless of whether student has an IEP or Section 504 plan)
- Health condition resulting in student's inability to attend class
- Homelessness
- Limited English proficiency
- No opportunity to retake classes or enroll in remedial classes free of charge during the first four years of HS.
- 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)

A signature or documentation of communication below indicates that the school has consulted with me about the potential benefits and limitations that could result from the waiver; including impacts on high school graduation and postsecondary plans, the option for the student to decline the waiver, and for the student to be provided with the opportunity to earn the credits needed to complete graduation requirements through continued enrollment beyond the planned graduation date.

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|-------------------|------|------------------------------|------|
| Student Signature | Date | Parent or Guardian Signature | Date |
|-------------------|------|------------------------------|------|

Signature and Authorization: (Required: Asst. Superintendent) _____