

LAKE ELSINORE UNIFIED SCHOOL DISTRICT

PROBATIONARY GRADE ELIGIBILITY WAIVER

Date: _____

To: Athletic Director: _____

From: _____ ID # _____

Grading Period for Waiver: Quarter Semester School Year

Sport/Activity for Waiver: _____

I am requesting a **one-time waiver** of eligibility requirements. I am making this request within five (5) days of notification of ineligibility for extra-curricular activities.

I have maintained satisfactory progress toward graduation by earning an average of 25 credits per semester or 25 credits in a prior semester. Summer school credits shall apply to the second semester of the prior year.

*I acknowledge that this will be my **only** eligibility waiver during my four (4) years as a student within the Lake Elsinore Unified School District. I understand that I will not be granted a waiver under **any** conditions after accepting this one-time waiver. I understand that I **must** have a minimum **1.5 GPA** to be eligible to use this one-time waiver.*

Student Name (Printed)

Student Signature

Date

I, as parent/guardian, acknowledge this **one-time waiver** during my son's/daughter's four years as a student within the Lake Elsinore Unified School District. I understand that he/she will not be granted another waiver under any conditions after accepting this one-time waiver.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Athletic Director

Date

Principal

Date

Parent/Guardian needs to have a conference with the Athletic Director before waiver is completed.