

APPLICATION FOR WAIVER OF HIGH SCHOOL GRADUATION CREDITS

This form must be completed, signed, and turned into the Eastmont High School Principal's Office no later than thirty (30) business days prior to graduation for the year the waiver is requested.

Student Identification

Date:		Student ID # or Date of Birth:		Expected Year to Graduate:	
Student's Name:					
Name of Person Completing this Form:					
Address of Person Completing this Form:					
Phone Number of Person Completing this Form:					
Relationship to Student:					
Number of Credits Requesting to Waive (up to 2):					

Basis for Waiver Request

Check all that apply:

<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 different graduation requirements
<input type="checkbox"/>	Other circumstances (e.g., emergency, natural disaster, trauma, personal or family crisis) that directly compromised the student's ability to learn

Narrative

Provide a statement to clarify the basis for the waiver request. Attach any 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.

Signature and Authorization (required)

- I hereby authorize the principal 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 or Adult Student

Date

Providing the completed form does not automatically guarantee a waiver will be granted. Once the application is submitted, the principal will respond to the request within ten (10) business days with their decision.

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.

SCHOOL USE ONLY:	
Date Application Received:	Received By:

Request Denied	Request Approved	Principal Name	Principal Signature	Date