

Form – Waiver of High School Graduation Credits

Application for waiver of up to two elective high school graduation credits based on 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 any and all materials and/or documentation that would establish the existence 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.

Student Identification (required)	
Name of person completing this form:	
Relationship to student:	
Address of person completing this form:	
Daytime phone number:	
Student’s Name:	
Student’s ID Number/Date of Birth:	
Expected year of graduation:	
Basis for Waiver Request (required) (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	

Limited English proficiency

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)

Signature and Authorization: (required)

I am requesting that the Superintendent or designee waive _____ elective credit(s) required for _____ high school graduation in _____ due to the student's 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 the student's 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

OR

Counselor with date parent or student was contacted regarding the waiver

Date

Adoption Date:

Classification:

Revised Dates: 2.28.19, 2.25.20, 4.13.21