

INSTRUCTION

Application for Waiver of High School Graduation Credits

Student name: _____ Student ID #: _____ Graduation Year: _____

I wish to waive: 0.5 credit 1.0 credit 1.5 credits 2.0 credits

Requests for a waiver of up to two (2.0) elective credits during the student's year of expected graduation may be based on one or more of the following considerations:

- Homelessness
- A health condition resulting in an inability to attend class
- Limited English proficiency due to limited or no prior schooling
- Disability, regardless of whether the student has an individualized education program (IEP) or a plan under Section 504 of the federal Rehabilitation Act of 1973
- Denial of an opportunity to retake classes or enroll in remedial classes free of charge during the first four years of high school
- 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 a student's ability to learn

Please indicate below the reason(s) for the requested waiver. Any materials that document the student's circumstances may also be attached to the form (e.g., letter from the student's licensed physician).

Students granted a waiver must earn 22.0 credits, inclusive of 17.0 required content credits (4.0 English, 3.0 Math, 3.0 Science, 3.0 Social Studies, 2.0 Health and Fitness, 1.0 Arts, 1.0 Career and Technical Education).

Requests must be received by the building principal as early as possible and no later than the first day of Trimester 3 in the student's senior year. The superintendent or designee may waive the deadline in cases of catastrophic events occurring within the final trimester prior to graduation. District response to waiver requests will be completed within ten (10) business days of receipt or by the first day of Trimester 3 in the student's senior year, whichever occurs later. The superintendent or designee's decision is final and will only apply to the student's current graduation year.

Student Signature	Date	Parent/Guardian Signature	Date
-------------------	------	---------------------------	------

OFFICE USE ONLY: Form Received Date: _____

Counselor Approval	Date	Administrator Approval	Date
--------------------	------	------------------------	------

District Office Approval:

The request to waive _____ credit(s) is: Approved Denied

- Reason for denial:
- The request was received after the deadline and does not concern a catastrophic event;
 - The request did not include sufficient information to justify waiver of high school graduation credit; or
 - The request was not based on documented or verifiable circumstances that would justify waiver of high school graduation credit.

Secondary Education Office Approval	Date	<input type="checkbox"/> Building notified, Date: _____ <input type="checkbox"/> Family notified, Date: _____
-------------------------------------	------	--