

Athletic Eligibility Attendance Waiver Request Form

STUDENT:

SCHOOL:

PARENT/GUARDIAN MAKING THE REQUEST:

TO BE CONSIDERED, THE FOLLOWING INFORMATION MUST BE INCLUDED. FAILURE TO INCLUDE ALL INFORMATION MEANS WILL BE DENIED.

- This form, filled out by parent or guardian
- Medical records related to specific absences for which waiver is sought
- Transcript with complete scholastic data
- Attendance record
- Any correspondence or documents pertinent to this case
- School principal signature (below)

EXTENUATING CIRCUMSTANCES: please explain briefly here, and include any documentation or attachments necessary, as to why the attendance requirement should be waived in this case.

PARENT/GUARDIAN'S NAME

SIGNATURE

DATE

SCHOOL LEVEL RECOMMENDATION (CHECK AND SIGN)

I support this attendance waiver request. (If not supported, please explain reasons below or attach statement).

Yes

No

PRINCIPAL'S NAME

SIGNATURE

DATE

Policy 4400: Attendance

OFFICE USE ONLY

DATE IN: _____

APPROVED _____

DENIED _____

SUPERINTENDENT'S SIGNATURE _____

DATE _____