

Request to Waive Graduation Requirements

Name of Student: _____
Last (Please print) First Middle

School: _____ **Grade:** _____

Date of Request: _____

Requirement to be Waived (include specific year and semester) _____

Reason(s) for Waiver (attach additional pages if necessary) _____

Parent Recommendation: Approval Disapproval

Parent's Signature (Student Signature if 18 or older)

Date

Counselor Recommendation: Approval Disapproval

Counselor's Signature

Date

Principal Recommendation: Approval Disapproval

Principal's Signature

Date

Cabinet Recommendation: Approval Disapproval

Superintendent's Signature

Date

Board of Education Decision: Approval Disapproval

Board of Education Representative's Signature

Date

Comments:

Note- if the principal's recommendation is to disapprove this waiver request, the parent/student may appeal the principal's decision to Cabinet. Board decision is final.

Distribution: Copies to Counselor, Department File, Parent/Student, and the student's Cumulative File

Updated: 2/3/2020