

GRADUATION REQUIREMENTS WAIVER REQUEST

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID # \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_ Current Grade in school: \_\_\_\_\_

Course to be Waived: \_\_\_\_\_ Course Replacement: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Requested by:

\_\_\_\_\_  
Student Signature      Date

\_\_\_\_\_  
Parent Signature      Date

**To be completed by your counselor:**

High School and Beyond Plan Completed       Yes       No  
Conditions met for request of waiver: \_\_\_\_\_

\_\_\_\_\_  
Counselor Signature      Date

Approval to Pursue Waiver Process

Approved       Denied       Exception for Unique Situation  
(ex: medical)

\_\_\_\_\_  
Principal Signature      Date

Waiver Compliance

Student has complied with waiver requirements:      Yes       No

PE Assessment Passed (if applicable):      Cognitive       Physical       Skill

\_\_\_\_\_  
Counselor Signature      Date

**If the waiver request is denied, an appeal maybe made to the Assistant Superintendent for Secondary Education  
no later than 30 school days after receiving notification of denial.**