



Request for Waiver of Graduation Requirement

Date - _____ School - _____ Grade - _____

Name: Last, Middle, First - _____

Address - _____

Telephone - _____

Graduation Requirement to Be Waived - _____

Number of Credits to Be Waived - _____

Waivers for fitness and health credit are required to be filed by the parent/guardian.

For request relating to physical disability it is required to attach any documentation of medical history or written communication from your physician.

Reason for Waiver Request -

For requests of waivers for physical disabilities, principals are encouraged to work with teaching staff to make accommodations to the coursework or to use SVL coursework to create a physical fitness plan. If the accommodations are taking place and the student is enrolled in the course, then a waiver is not necessary.

Petition Denied Petition Approved

Signature of Student Date

Reason for Waiver Denial -

Signature of Parent/Guardian Date

A Waiver which is denied may be appealed by submission of a written request to the Superintendent no later than thirty (30) days prior to the anticipated graduation date.

Signature of Principal Date

All waivers are to be recorded on the student's permanent record.

Signature of Registrar Date