

## RIVERVIEW SCHOOL DISTRICT #407

**Waiver of High School Graduation Credits****Application for waiver of up to two elective high school graduation credits based on unusual circumstances****Instructions**

Please review the district's Policy and Procedure 2083 prior to completing this form. This form must be completed, signed and provided to the Counseling Office no later than the end of first semester of the student's senior (graduating) year.

Providing the completed form does not automatically guarantee a waiver will be granted. Once the application is submitted, the Superintendent or designee will respond to the request within ten business days with a decision.

Please attach any and all materials and/or documentation that would establish the existence of the unusual circumstances justifying a waiver (e.g., physician's letter). Please attach additional pages if necessary to the narrative section.

<b>Student Identification (required)</b>	
Name of person completing this form:	
Relationship to student:	
Address of person completing this form:	
Daytime phone number:	
Student's Name:	
Student's ID Number/Date of Birth:	
Expected year of graduation:	
<b>Basis for Waiver Request (required) (check all that apply):</b>	
<input type="checkbox"/> Disability (regardless of whether student has an IEP or Section 504 plan)	
<input type="checkbox"/> Health condition resulting in student's inability to attend class	
<input type="checkbox"/> Homelessness	
<input type="checkbox"/> Limited English proficiency	
<input type="checkbox"/> No opportunity to retake classes or enroll in remedial classes free of charge during the first four years of high school	
<input type="checkbox"/> Transfer during the last two years of high school from a school with different graduation requirements	
<input type="checkbox"/> Other circumstances (e.g., emergency, natural disaster, trauma, personal or family crisis) that directly compromised the student's ability to learn	

**Narrative: (required)**

**Signature and Authorization: (required)**

I am requesting that the Superintendent or designee waive \_\_\_\_\_ (*insert up to two elective credits*) required for \_\_\_\_\_ (*insert student's name*) high school graduation in \_\_\_\_\_ (*insert year*) due to the unusual circumstances indicated above.

I hereby authorize the Superintendent or designee to contact, consult and/or confer with any individual referenced in this application who would have knowledge of the unusual circumstances, except for those subject to a duty of confidentiality.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.

Signature of Parent or Adult Student

Date