



ATTENDANCE WAIVER REQUEST FORM

ATTENDANCE REGULATION (ABBREVIATED): WAIVER OF GRADE REDUCTION

A parent may request a waiver of the attendance regulation for extenuating circumstances beyond the parent's and/or student's control. The waiver request may be submitted to the principal prior to the close of a semester or nine-week course, but no later than ten (10) days after the close of a semester or nine-week course. The principal shall act upon the waiver request within ten (10) administrative days and shall notify the parent of the decision within five (5) administrative days after the decision has been made. A parent may appeal the principal's decision to the Coordinator of Student Services in the Office of Student Leadership in writing within three (3) days of receipt of the decision from the principal. An unfavorable decision by the Coordinator of Student Services may be appealed to the Senior Executive Director, High Schools. The decision of the Senior Executive Director, High Schools is final.

SCHOOL Tallwood High School **DATE OF REQUEST** _____

STUDENT _____ **GRADE** _____

PARENT/GUARDIAN _____ **PHONE** _____

WAIVER REQUEST (Circle One): 9 Week Course Fall Semester Spring Semester

LIST COURSES/CLASS FOR WHICH A FAILING GRADE IS DUE TO EXCESSIVE ABSENCES

COURSE/CLASS	PERIOD BLOCK	TEACHER	NUMBER OF ABSENCES	SCHOOL PRINCIPAL ONLY	
				APPROVED	DISAPPROVED

Describe in detail the extenuating circumstances for which this waiver request is being filed. Attach any appropriate documentation (i.e. physician statement) not already provided to the school at the time of the absence(s).

Student Signature _____ Parent Signature _____

OFFICE USE ONLY

Date Request Received _____ Date Request Acted Upon _____

Comments: _____

Principal's Signature _____

