Walla Walla Public Schools

FORM – WAIVER OF HIGH SCHOOL GRADUATION CREDITS

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Application for waiver of up to two elective high school graduation credits based on a student's circumstances

Instructions:

Please review the district's Policy and Procedure 2418 prior to completing this form. This form must be completed, signed and provided to the Principal's office no later than thirty business days prior to high school graduation for the year the waiver is requested.

Once the application is submitted, the Principal will respond to the request within ten business days with his or her decision.

Please attach any and all materials and/or documentation that would establish the existence of the circumstances justifying a waiver. Please attach additional pages if necessary to the narrative section.

Student Identification (required)				
Nan	me of person completing this form:			
Rela	ationship to student (if applicable):			
Add	dress of person completing this form:			
Day	ytime phone number:			
Stuc	dent's Name:			
Stuc	dent's ID Number/Date of Birth:			
Exp	pected year of graduation:			
Basis for Waiver Request (required) (check all that apply):				
	Disability (regardless of whether student has an IEP or Section 504 plan)			
	Health condition resulting in student's inability to attend class			
	Homelessness			
	Limited English proficiency			
	Denial of an opportunity to retake classes or enroll in remedial classes free of charge during the first four years of high school			
	Transfer during the last two years of high school from a school with different graduation requirements			
	In or have been released from an institutional education facility.			
	Other circumstances (e.g., emergency, natural disaster, trauma, personal or family crisis) that directly compromised the student's ability to learn			

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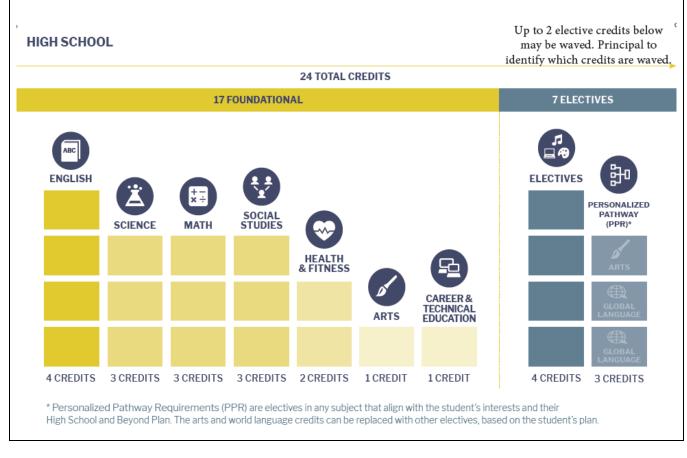
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Narrative: (required)	1 age 2 01 3		
Signature and Authorization: (required)			
I am requesting the Principal waive:	required for:		
I am requesting the Principal waive: requi			
high so	chool graduation in:(insert year)		
	(insert year)		
due to the circumstances indicated above.			
I hereby authorize the Principal to contact, consult and/or consultand who would have knowledge of my circumstart confidentiality. I hereby certify that the information provided on this application knowledge.	nces, except for those subject to a duty of		
Signature of parent, adult student, or school personnel	Date		
- <u> </u>	,		
This request is: Granted Denie	ed		
For the following reason(s):			
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Signature of Principal	Date

Revised: March 2020; December 2021