

Walla Walla Public Schools

FORM – WAIVER OF HIGH SCHOOL GRADUATION CREDITS

Form: 2418

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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)	
Name of person completing this form:	
Relationship to student (if applicable):	
Address of person completing this form:	
Daytime phone number:	
Student's Name:	
Student's ID Number/Date of Birth:	
Expected year of graduation:	
Basis for Waiver Request (required) (check all that apply):	
<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"/> Denial of an 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"/> In or have been released from an institutional education facility.	
<input type="checkbox"/> 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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Narrative: (required)

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Signature and Authorization: (required)

I am requesting the Principal waive: _____ required for:
(insert up to two elective credits)
_____ high school graduation in: _____
(insert student's name) (insert year)

due to the circumstances indicated above.

I hereby authorize the Principal to contact, consult and/or confer with any individual referenced in this application who would have knowledge of my 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, adult student, or school personnel	Date

This request is: _____ Granted _____ Denied

For the following reason(s): _____

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HIGH SCHOOL

Up to 2 elective credits below may be waived. Principal to identify which credits are waived.

24 TOTAL CREDITS

17 FOUNDATIONAL							7 ELECTIVES	
 ENGLISH	 SCIENCE	 MATH	 SOCIAL STUDIES	 HEALTH & FITNESS	 ARTS	 CAREER & TECHNICAL EDUCATION	 ELECTIVES	 PERSONALIZED PATHWAY (PPR)*
4 CREDITS	3 CREDITS	3 CREDITS	3 CREDITS	2 CREDITS	1 CREDIT	1 CREDIT	4 CREDITS	3 CREDITS

* Personalized Pathway Requirements (PPR) are electives in any subject that align with the student's interests and their High School and Beyond Plan. The arts and world language credits can be replaced with other electives, based on the student's plan.

Signature of Principal	Date

Revised: March 2020; December 2021