



**PARENT REQUEST FOR WAIVER
OF FULL-DAY SCHEDULING REQUIREMENT**

Please allow a ten (10) day turnaround period for approval.

STUDENT _____
ADDRESS _____

SCHOOL _____
GRADE _____

| |
|--|
| REASON FOR REQUEST: _____ EMPLOYMENT (Employer Certification required below) (Please check one) _____ FAMILY _____ OTHER |
|--|

I understand that all students are required by Virginia regulations to maintain a full-day schedule and that a waiver may be granted in cases of employment, family reasons, or other good reasons. I also understand the implications of this request upon **VHSL eligibility** _____ (*parent initials*) and **academic promotion / and on-time graduation** _____ (*parent initials*).

VHSL ELIGIBILITY: I understand that in order to remain eligible to participate in high school activities and at the subvarsity/varsity level in high school athletic activities, this student must have passed at least 5 credit subjects, or the equivalent at the end of the previous semester and be enrolled in at least 5 credit subjects or the equivalent during the current semester. Is this student taking **less** than five (5) courses for the requested school year? _____ YES _____ NO

VHSL Take 5: Students intending to participate in a VHSL sponsored activity should refer to the VHSL Handbook for scheduling eligibility requirements. Please use this link to access the handbook: <https://www.lcps.org/Page/191159>.

VIRTUAL COURSE SCHEDULE: Please share the number of courses this student is taking online outside of the physical school building _____ (up to 3 per school year).

EXPLANATION FOR REQUEST (attach supporting documentation if needed):

CERTIFICATION OF EMPLOYER (required if request is for reason of employment)

I certify that the above named student will be employed during the period (*enter dates*) _____ to _____. The student will be employed on (*circle days of employment*) Monday, Tuesday, Wednesday, Thursday, Friday. The student begins work at (*enter time*) _____. If the employment of this student terminates or if the period, days, or start time of employment changes, I agree to notify the above named school promptly.

SIGNATURE OF EMPLOYER: _____

EMPLOYER'S NAME: _____ PHONE: _____

COMPANY'S NAME: _____

COMPANY'S ADDRESS: _____

| |
|--|
| Proposed student arrival time is _____ on "A" DAYS and _____ on "B" DAYS. Proposed student release time is _____ on "A" DAYS and _____ on "B" DAYS. |
|--|

I further agree to notify the school promptly if the reasons, time or day for which the request is made change. I certify that the reasons for this request as stated above are true and correct.

Parent Request for Waiver of Full-day Schedule Requirement
Page 2

PARENT NAME _____ PARENT SIGNATURE _____
PARENT PHONE NUMBER _____ DATE _____

To be completed by School Counselor:

REVIEW BY SCHOOL COUNSELOR

This student arrival time is _____ on "A" DAYS and _____ on "B" DAYS.
The student release time is _____ on "A" DAYS and _____ on "B" DAYS.

I certify that the above named student, if a senior, is on track to fulfill all graduation requirements.

SIGNATURE OF SCHOOL COUNSELOR _____ DATE _____

To be completed by Principal:

RECOMMENDATION OF PRINCIPAL

I certify that I have investigated the reasons for this request and make the following recommendation:

APPROVED _____ DENIED _____

COMMENTS (If any) _____

SIGNATURE OF PRINCIPAL _____ DATE _____

Refs: 8VAC-20-131-150
§22.1-254 Code of Virginia