



PARENT REQUEST FOR WAIVER OF FULL-DAY SCHEDULING REQUIREMENT

WAIVERS shall not be allowed until the Superintendent's Designee approves this form.
Please allow a ten (10) day turnaround period for approval.

STUDENT NAME _____
ADDRESS _____

SCHOOL _____
GRADE _____

REASON FOR REQUEST: _____ EMPLOYMENT (Employer Certification required below)
(Please check one)
_____ FAMILY/HARDSHIP REASONS _____ OTHER (ex. substitute for Study Hall)

By initialing below, 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 on VHSL eligibility _____ academic promotion / and on-time graduation _____.

VHSL Eligibility: (Please check yes or no below) I understand that to remain eligible to participate in high school activities and at the sub-varsity/varsity level in high school athletic activities, I must have passed at least 5 credit subjects, or the equivalent at the end of the previous semester and been enrolled in at least 5 credit subjects or the equivalent during the current semester.

Are you 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, which can be found at https://drive.google.com/file/d/1bAp-szo16yLz_ZFzFVTbyEgiCBH0ZXGA/view

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. Please enter 0 if not taking any virtual courses this year).

Explanation for waiver of full day request: Required (attach supporting documentation if needed):

CERTIFICATION OF EMPLOYER (required only 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 change, I agree to notify the above-named school promptly.

SIGNATURE OF EMPLOYER: _____

EMPLOYER'S NAME: _____ PHONE: _____

COMPANY'S NAME: _____

COMPANY'S ADDRESS: _____

All students must complete their proposed early release schedule below:

Proposed student arrival time is _____ 9:30am _____ on "A" DAYS and _____ 9:30am _____ on "B" DAYS.
Proposed student release time is _____ on "A" DAYS and _____ on "B" DAYS.

PARENT APPROVAL:

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 NAME _____ PARENT SIGNATURE _____
PARENT PHONE NUMBER _____ DATE _____

REVIEW BY SCHOOL COUNSELOR:

This student arrival time is ____9:30am__ on "A" DAYS and ____9:30am____ 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 _____

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 _____

DECISION BY SUPERINTENDENT OR DESIGNEE

APPROVED _____ DENIED _____

SIGNATURE OF SUPERINTENDENT or DESIGNEE _____ DATE _____

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