

Draft for 2017-2018 School Year
Proposed Waiver Forms
Thomasville City Schools

DRAFT

Thomasville City Schools Attendance Waiver Request Form

(to be provided to parent/student by administrator and counselor and completed by parent/student for consideration by the school based waiver committee)

Student Name _____

Parent/Guardian Name _____

Address: _____

Phone Number: _____ Cell Number: _____

Work Number: _____ Email: _____

Dates requested to be waived (all dates must be excused/lawful absences – documentation must be on file with the school and attached to this form)

Rationale for the waiver: Please describe the circumstances that make these absences a particular hardship for the student or parent/guardian: (additional paper may be attached as needed)

Please list the course(s) affected by these absences, total absences for the course(s) and the current grade in the course – the teacher of the course must initial:

_____ Teacher initials: _____

_____ Teacher initials: _____

_____ Teacher initials: _____

_____ Teacher initials: _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

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(to be provided to parent/student by administrator and counselor and completed by parent/student for consideration by the school based waiver committee)

Rationale for Waiver:

1. Hospitalization / Extended Illness (Documentation showing dates of hospitalization or dates of the extended illness with a doctor's signature is required)
2. Court Subpoena (A copy of the subpoena or other relevant court documents signed by clerk official are required)
3. Celebration of a religious holiday or observance not provided for in the school calendar (letter and prior written approval of the principal is required)
4. Death in the Immediate Family (Not to exceed three days in state and five days out of state; Immediate family includes only parents, grandparents and siblings; Obituary from the newspaper and/or program for the funeral required for documentation)
5. College/Military days (May not exceed two days each year the junior and senior year; documentation from the college or military branch is required)

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Thomasville City Schools Attendance Waiver Committee Form – School Based

Approval / Denial of Request

Student Name: _____

Date of Meeting: _____ Grade: _____ Student Number: _____

Cohort: _____ Current Credits Earned: _____

Committee Members:

Dates requested to be waived (all dates must be excused/lawful absences – documentation must be on file with the school and attached to the waiver request form)

Rationale for Waiver:

_____ Hospitalization / Extended Illness (Documentation showing dates of hospitalization or dates of the extended illness with a doctor’s signature is required)

_____ Court Subpoena (A copy of the subpoena or other relevant court documents signed by clerk official are required)

_____ Celebration of a religious holiday or observance not provided for in the school calendar (letter and prior written approval of the principal is required)

_____ Death in the Immediate Family (Not to exceed three days in state and five days out of state; Immediate family includes only parents, grandparents and siblings; Obituary from the newspaper and/or program for the funeral required for documentation)

_____ College/Military days (May not exceed two days each year the junior and senior year; documentation from the college or military branch is required)

_____ Approved/Partially Approved (dates to be waived are listed below)
_____ Denied – request does not meet the requirements
_____ Requires more information (Request was returned with feedback on: _____)
Dates to be waived based on approval:
Signature of Committee Chair:

WAIVER RESULT FORM LETTER TEMPLATE (put on school/district letterhead)

(INSERT DATE)

Dear Parent/Guardian of _____:

The waiver committee at (INSERT SCHOOL NAME) met on _____
to review the waiver you requested for your student.

Based on the information that was provided, the committee decided on the following:

The waiver was approved or partially approved

The following days will be waived from your student's attendance record:

Your student now has _____ absences on record.

The waiver was denied as the documentation did not provide a rationale for a waiver.

The waiver is currently pending as more information and documentation will be needed. Please plan to provide the requested information/documentation and meet with the committee on _____

Should you have any further questions or should you like to request an appeal of the committee's decision, please contact school principal, (INSERT PRINCIPAL NAME) at (INSERT SCHOOL PHONE NUMBER AND PRINCIPAL EMAIL).

Sincerely,

(INSERT COMMITTEE CHAIR NAME)

(INSERT SCHOOL NAME)