

**OKALOOSA COUNTY SCHOOL DISTRICT**

MIS 4352

Information Systems/Programming

Rev 10/16/2013

**ATTENDANCE WAIVER FORM**

Date _____
<input type="checkbox"/> Approved - Classroom Space Available
<input type="checkbox"/> Denied - No Classroom Space Available
<input type="checkbox"/> Alternative School Placement

Please Select Type:		<input type="checkbox"/> Zoning	<input type="checkbox"/> Parent Works at School
<input type="checkbox"/> Out of County	<input type="checkbox"/> AYP	<input type="checkbox"/> Out of State	<input type="checkbox"/> ESOL
<input type="checkbox"/> Parent Teaches at School	<input type="checkbox"/> ESE/Special		

*A request for a waiver must be completed by the parent or guardian; it may not be completed by the student. Proof of residency or other documentation may be required. You will be notified if for any reason the requested waiver is disapproved. Persons requesting waivers are reminded that each case will be considered individually. Waivers are only granted where there is great personal hardship for the educational interest of the student. Eligibility of secondary school students to participate in extra-curricular athletics will be affected under regulations of the Florida High School Activity Association (FHSA).*

<b>TO BE COMPLETED BY PARENT/GUARDIAN</b>	<small>(PLEASE PRINT INFORMATION)</small>	
	<b>STUDENT NAME:</b> _____	<b>Grade:</b> _____ <b>Student #</b> _____
	This waiver is requested to permit the student to attend: _____ instead of _____ during the _____ school year.	
	<b>Reason(s) for Request:</b> <input type="checkbox"/> Moving out of zone; request that student remain enrolled at the school he/she presently attends for the remainder of the school year <input type="checkbox"/> Student wishes to complete 8th or 12th grade in the school he/she attended for the previous year <input type="checkbox"/> Other: _____	
<b>PARENT PLEASE READ AND SIGN</b>	Name of parent or guardian: _____ <small>(Please Print)</small>	
	Address: _____ <small>Street City ST Zip County</small>	
	Phone Number(s): _____ Date of Application: _____	
	Is this student requesting athletic participation? Yes ___ No ___	
<b>OFFICE USE</b>	<b>WAIVER CONDITIONS</b>	
	Please read and SIGN to complete the waiver application. These are expectations for all students in our District's schools. If excessive violations of the conditions below occur, then this waiver may be withdrawn by the principal and the parent/guardian must enroll the student in their regularly "zoned" school. Principals will notify parents of the possibility that the waiver may be revoked before the waiver is actually revoked.	
	The conditions for approval are as follows: 1. The student will arrive at school at the appropriate time. 2. Attendance will be regular. 3. The student will be picked up at the appropriate time. 4. The student will adhere to the student code of conduct. 5. Students from "Out of County/State" must follow the provisions of Okaloosa County School Board Policy 4-3. 6. Students from Walton County must have a letter of permission sent from the Walton County School Board. 7. Parent(s) will participate in regularly scheduled classroom parent activities (conferences, etc) 8. Transportation to and from school is the responsibility of the parent(s) / guardian. 9. The waiver (MIS Form 4352) must be completed and approved yearly. 10. All school requirements regarding emergency contact information and other important data should be accurate and regularly updated as necessary and required by the school. 11. In the event that classroom enrollment exceeds Class Size Reduction Amendment limits, measures will be implemented to reduce class sizes. This means that students who live in the "zoned area" will have first priority to remain in their assigned classroom. 12. Other: see below	
	Your signature below indicates that you have reviewed and understand the above conditions.	
	Parent Signature _____	Date _____
	Endorsement from District Level Athletic Director: _____ <small align="right">Signature - District Level Athletic Director</small>	
	<b>FOR USE BY AREA DEPUTY SUPERINTENDENT'S OFFICE ONLY</b>	
	Recommendation: _____	Signed: _____
	Needs Board action: _____	Date of Board Meeting: _____
	Falls within current Board Policies: _____	Approved: ___ Denied: ___

12. Other: The student will maintain a grade point average of 3.0 or better. If below a 3.0 upon entering, the student will show improvement in their grade point average each grading period. \_\_\_\_\_ Parent Initials