

Student Name: _____ Student ID: _____

Attendance Waiver Checklist

Student and Parents,

Please initial to indicate your completion or understanding of the following:

_____ *The Attendance Waiver Request Form* must be signed by parents and student.

_____ The form is completed in its entirety with the exception of the “school/office use only” box.

_____ Attendance waiver can only be submitted for class in which the student has a **passing academic grade**.

_____ Submitting an “Attendance Waiver Request Form” **CANNOT** change a failing academic grade.

After the Principal has made the decision regarding the waiver:

- Copy of denied waivers will be mailed to parents.
- Teachers will be notified of approval or disapproval.

Return this form and your completed *Attendance Waiver Request Form* to the main office for the principal’s review.

ATTENDANCE WAIVER REQUEST FORM

ATTENDANCE PROCEDURES: WAIVER OF GRADE REDUCTION OR RETENTION

Waiver of Retention or Grade Reduction

A parent/guardian may request a waiver of the attendance sanction or retention or grade reduction. The Newport News Public Schools Attendance Waiver Request form shall be available at each school. The waiver form must be completed and submitted to the principal prior to the close of a school year for students recommended for retention or remediation. For students enrolled in a credit bearing class at the middle or high school, the parent/guardian may submit a waiver request to the principal at the close of the semester, but no later than 10 days after the close of a semester.

Appeal of Waiver Decision

A parent/guardian may appeal the decision of the principal by submitting the appeal in writing to the Office of School Leadership within three (3) days of the receipt of the principal's decision. The decision of School Leadership is final.

SCHOOL: _____ **DATE OF REQUEST:** _____

STUDENT: _____ **STUDENT ID:** _____ **GRADE:** _____

PARENT/GUARDIAN: _____ **PHONE:** _____

WAIVER REQUEST (Check one):		Semester Grade:	Sanction:	Retention:	
COURSE/CLASS	PERIOD/BLOCK	TEACHER	NUMBER OF ABSENCES	SCHOOL PRINCIPAL ONLY	
				APPROVED	DENIED

Attach official documentation and describe in detail the extenuating circumstances for which this waiver request is being filed: (If needed, please attach an additional page.)

Student Signature _____ Parent/Guardian Signature _____

OFFICE USE ONLY

Date Request Received _____ Date Requested Acted Upon _____

Comments:

Principal's Signature _____