

Hanover County Public Schools
Request for Attendance Waiver

School: _____

School Year: 2023-2024

Student Last Name: _____ Student First Name: _____

Student ID#: _____ Grade Level: _____

Student Address: _____

Parents/Guardian: _____ Daytime Phone: _____

Parent/Guardian Signature: _____

Course requesting an attendance waiver	Teacher Last Name	Current Y1 Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason(s) for Absences: Please provide a detailed description of reasons for absences. If professional notes have been sent to the Attendance Secretary, please indicate that below. A separate sheet may be attached.

Waiver requests should be submitted to the main office. All sections must be completed on this form for a waiver request to be considered. It is the parent/student's responsibility to research all dates and notes required and to supply all requested information. Feel free to contact Mrs. Alexander in the Attendance Office for any questions regarding notes and dates.

For committee use only:

Committee Review Date _____

Attendance Waiver for courses listed above (circle one): Yes No

Signature of all Committee Members Present:

_____	_____
_____	_____
_____	_____

If waiver approved by committee:

Condition for Waiver (circle one):

Medical Hardship _____

Extenuating Circumstances _____

Transfer _____

Any additional conditions for waiver approval (parents must be notified of this information):

If waiver not approved by committee:

Reason for Denial of Waiver:

Next steps for this student (ie. personalized plan, remediation, make-up seat time, etc.) _____

Date this completed mailed to parent: _____

Communicated by: _____
(Signature of assigned individual)