

PALM SPRINGS UNIFIED SCHOOL DISTRICT

Request to Waive Graduation Requirements



Name of Student: _____
Last (Please print) First Middle

School: _____ Grade: _____

Date of Request: _____

Requirement to be Waived (include specific year and semester) _____

Reason(s) for Waiver (Must meet guidelines of Education Code 51241) _____

Parent Recommendation: Approval Disapproval

Parent's Signature (Student Signature if 18 or older) Date

Counselor Recommendation: Approval Disapproval

Counselor's Signature Date

Principal Recommendation: Approval Disapproval

Principal's Signature Date

Note- if the principal's recommendation is to disapprove this waiver request, the parent/student may appeal the principal's decision to Cabinet.

Cabinet Recommendation: Approval Disapproval

Superintendent's Signature Date

Board of Education Decision: Approval Disapproval

Board of Education Representative's Signature Date

Comments: _____

Distribution: Copies to Counselor, Department File, Parent/Student, and the student's Cumulative File