

WAIVER REQUEST FORM
Lincoln High School

Name _____

Student ID # _____

Grade _____

Date _____

I request to use my one-time waiver to the following policy:

Attendance Policy

No F Policy

_____ I understand that I will only be granted one waiver in my four years of high school.

_____ I understand that I may only use it for one policy OR the other, but not both.

_____ I understand this waiver will be dated and added to my Aeries log for future reference.

_____ I understand that by using it now, I will not be granted another waiver in the future.

_____ I understand I must serve any required Saturday School related to my attendance in order for the waiver to be granted.

_____ I understand I will be eligible for all extra-curricular activities in the current quarter once the waiver is granted.

Student Signature

Date

Parent Signature

Date

Assistant Principal/Athletic Director/Signature

Date