

Allegheny County Public Schools

**ATTENDANCE WAIVER REQUEST FORM**

Allegheny County School Board Regulation JED-R.1.3-4 (Abbreviated)

A parent/guardian or emancipated student may request a waiver of the attendance regulation for extenuating circumstances beyond their control and/or the student’s control. Each school shall have the Allegheny County Public Schools’ Attendance Waiver Request Form available in the main office and/or guidance office. A waiver request may be submitted to the principal prior to the close of a semester or school year, but no later than ten (10) calendar days after the close of the semester or school year. If supporting documentation is available, it should be submitted with the waiver request. The principal shall act upon a waiver request and the parent/guardian shall be notified of the decision in writing within fifteen (15) business days after it has been received. A parent/guardian may appeal the decision of the principal by submitting a written appeal to the superintendent’s designee within five (5) days of receipt of the decision from the principal. The decision of the superintendent’s designee is final.

SCHOOL \_\_\_\_\_ DATE OF REQUEST \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

WAIVER REQUEST (Circle One): Fall Semester Course      Spring Semester Course      Year  
\_\_\_\_\_

LIST COURSES/CLASS/GRADE LEVEL FOR WHICH A FAILING GRADE IS DUE TO EXCESSIVE ABSENCES.

Course / Class or Grade Level	Period or Block	Teacher	Number of Absences	School Principal Only	
				Approved	Disapproved

Describe in detail the extenuating circumstances for which this waiver is being filed. Attach any appropriate documentation (i.e. physician statements) not already provided to the school at the time of the absence(s). If you need additional space, you may write on the back of this form or attach any additional sheets.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the principal/designee to contact my (child’s) physician, and I authorize my (child’s) physician to release information to the principal/designee concerning my (child’s) need for this waiver.

Student Signature

Parent

Student Signature \_\_\_\_\_ Parent  
Signature \_\_\_\_\_

Date Request Received \_\_\_\_\_ Date Request Acted Upon \_\_\_\_\_  
Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

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7/15 ACPS

ALLEGHANY COUNTY PUBLIC SCHOOLS