



REQUEST FOR WAIVER OF FULL-DAY SCHEDULE REQUIREMENT

Please Print:

Student Full Name _____

School Name _____

Parent or Guardian Name _____

I request that a waiver be granted from the full-day schedule requirement to permit my student to follow the daily class schedule listed below. I understand that all students are required by Virginia regulations to maintain a full-day schedule and that a waiver may be granted in cases of personal, family, or financial need in accordance with Fairfax County Public Schools (FCPS) Regulation 2412. I have attached a letter to this application explaining the reasons for the request. I understand the implications of the request on academic promotion and on-time graduation.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

THIS REQUEST MUST HAVE ATTACHED A LETTER FROM THE PARENT OR GUARDIAN EXPLAINING THE REASONS FOR THIS REQUEST.

DAILY CLASS SCHEDULE REQUESTED:

For a student in grades 1 through 6, list the time the student will begin attending school in the morning and the time the student will leave school in the afternoon. For a student in grades 7 through 12, list the exact daily schedule of classes requested.

FOR OFFICIAL USE ONLY

Director of Student Services MS/HS Approved Denied

Director of Student Services Signature _____ Date _____

Action by Principal Approved Denied

Principal Signature _____ Date _____

cc: Parent or Guardian
Director of Student Services