



DINWIDDIE COUNTY PUBLIC SCHOOLS

Application for Waiver POLICY JC

Date received: _____
home school _____
requested school _____

Student waiver forms are due by June 1 of each year. Requests received after June 1 will be wait-listed and notice will be provided after August 1.

Student's Name: _____ Grade for Requested Year: _____
First Middle Last

Student's Address _____
Number Street City and State Zip Code Apt. No.

Child Care Certification

This section must be notarized and sealed. The child care provider is required to immediately notify Dinwiddie County Public Schools when child care is no longer provided. The student will receive child care during the following time periods:

Before School After School Both Before and After School

Child Care Provider Name: _____ In Zone Out of Zone

Address: _____ Telephone Number: _____

Street

Alternate Number: _____

City State Zip

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Child Care Provider Signature Date Notary Public Date

My commission expires: _____
Date

SEAL:

Parent/Legal Guardian Agreement

Waivers are valid for one academic year only and must be renewed annually. **Waivers must be received by June 1.** If a waiver is approved, the parent/guardian is responsible for providing transportation to the non-home school, unless the childcare provider is within the school zone of the requested school. Among other reasons, waivers may be denied for unacceptable academic performance at either school and may be denied or revoked for:

- unacceptable behavior at either school or
- unacceptable attendance (including unacceptable late arrivals or early dismissals) at either school

I have read the regulations for **School Attendance Areas** and/or **Fringe Benefits for Professional Staff**. I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Parent/Guardian Signature Date Notary Public Date

SEAL: My commission expires: _____
Date

*This form must be accompanied by form OZ-1