

# DINWIDDIE COUNTY PUBLIC SCHOOLS

## Application for Waiver

POLICY JC

Date received: _____ home school _____ requested school _____
<b>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.</b>

This waiver request is for the \_\_\_\_\_ school year.

Student's home school \_\_\_\_\_ Requested school \_\_\_\_\_

**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. 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

### Waiver Status Check one box

- request for first-year waiver (must be submitted to the principal of the student's **home school**)
- request for renewal of waiver (must be submitted to the principal of the student's **requested school**)

### Student and parent/guardian information

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

Student's Address: \_\_\_\_\_  
Number Street City and State Zip Code Apt.

Name of Parent/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

### Reason for the request

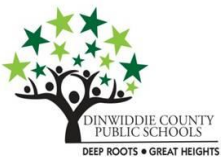
Please indicate the reason for this request: (Attach documentation as indicated below)

- CODE C:** Child Care, grades K-5. Parent and childcare provider must complete OZ-2 form. **Only students in "good standing" are eligible for wavier consideration.** Good standing includes: (A) no more than 10 days absent per year, or (B) no more than 15 tardies/early releases per year, and/or (C) no more than one significant offense, or more than three minor incidents.
- CODE E:** Employee's Child – The request must be for the school where the child's parent/legal guardian is assigned (for employees assigned to a school) or for the school closest to the employee's work location (for employees not assigned to a school). **Waiver cannot result in unacceptable interference with the employee's work performance or that of other employees.**
- CODE S:** Rising Senior moving out of Dinwiddie County.

### Additional information required from parent/guardian

To determine whether services can be provided at the requested school, indicate whether or not the student has an exceptional education individualized education plan (IEP), 504 plan or health services plan.

- My child has an IEP, 504 plan or health services plan, and her or his primary disability is \_\_\_\_\_.
- My child does not have an IEP, 504 plan or health services plan.



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### IMPORTANT LEGAL NOTICE

Code of Virginia Section 22.1 – 264.1 “Any person who knowingly makes a false statement concerning the residency of a child, in a particular school division or school attendance zone, for the purposes of (i) avoiding the tuition charges or (ii) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges and/or immediate withdrawal from the school.” You must notify the school of your last day of residence at this address. Your signature certifies that all information on this form is correct.

By my signature below, I confirm that all of the information I have provided in this application is true and accurate and that **I am familiar with the requirements of Regulation JC-R, Waiver for a Student to Attend Other Than Home School**. If my waiver request is approved, I agree to actively participate in my child’s education at the requested school. Participation includes, but is not limited to, providing transportation so that my child attends school regularly, attending parent-teacher conferences, responding to correspondence from the school, etc. Additionally, my child must be in and maintain “good standing to be considered for a waiver request. **By my signature, I acknowledge that the principal’s decision is final and not appealable.**

Signed: \_\_\_\_\_  
Parent/Guardian Date

### Approval /Denial – Internal use only

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL OF THE HOME SCHOOL

This application is  approved  denied Signature \_\_\_\_\_  
Principal Date

If denied, indicate reason:  attendance  behavior

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL OF THE REQUESTED SCHOOL

This application is  approved  denied Signature \_\_\_\_\_  
Principal Date

If denied, indicate reason:  attendance  behavior  class size

A copy of this completed and signed form is to be distributed to:  Parent  Principal of home school  principal of requested school  
 School counselor/cumulative file