

First Name

Last Name

Counselor's Last Name



**VIRGINIA BEACH CITY PUBLIC SCHOOLS**  
**CHARTING THE COURSE**

**Application for Waiver of Full-Day Enrollment**

(School Board Regulation 5-26.1)

**Instructions for Completing Application:**

1. **The student and parent must complete and sign the application.**
2. **If the reason is for extenuating medical circumstances, the attending physician must submit a letter or other written documents as needed.**
3. **The employer must complete the appropriate section of the application if a student is 18 years of age and requesting a waiver to complete credit for a curriculum-related work program.**
4. **The principal or the Superintendent's designee must approve the application.**

Students must maintain both a minimum 2.0 GPA for the previous semester and a cumulative GPA of at least 2.0 to be eligible for consideration of a full-day enrollment waiver. In addition, students must be on track for graduation, as evidenced by having earned all required verified credits associated with Standards of Learning (SOL) assessments. Students who are currently enrolled in a course and scheduled to take the corresponding SOL assessment during the school year—such as juniors testing in English 11 within the current academic year—are eligible on that basis alone.

A waiver will not be granted to any student who is off track for graduation due to missing verified credits. Furthermore, any approved waiver may be revoked by the principal if the student demonstrates declining academic performance, poor attendance, or disruptive or uncooperative behavior.

**Student's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Last, First, Middle

**Student Identification Number** \_\_\_\_\_

**School**           Kellam High School           **Grade Level** \_\_\_\_\_

- Do you plan to participate in VHSL athletics or activities?**  
*I understand that this waiver may impact student eligibility to participate in VHSL athletics and activities.*

**Check reason(s) for request for waiver of full-day enrollment:**

1.  **Curriculum-related job**  
 Place of Employment \_\_\_\_\_ Type of Employment \_\_\_\_\_  
 Address of Employment \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Days of Employment \_\_\_\_\_ Hours of Employment \_\_\_\_\_  
 Employer's Signature \_\_\_\_\_
2.  **Senior or Junior who meets requirements**
3.  **Extenuating circumstances (give reasons and attach documentation)**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*The parent/guardian assumes responsibility of notifying the school of the reasons for the waiver change during the year.**

Waiver Disapproved

*For Office Use Only*

Waiver Disapproved

Reason(s) for Disapproval \_\_\_\_\_

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