



Application for Waiver of Full-Day Enrollment

(School Board Regulation [5-26.1](#))

Part A: STUDENT INFORMATION

Student's Name: _____
Last, First

Student ID#: _____ Date: _____

School: Kellam High School Current Grade Level: _____

Part B: GENERAL CRITERIA (must check ALL)

- 2.0+ GPA overall AND in previous term
- Earned verified SOL credits (passed test and class) in all SOL courses taken thus far
- Otherwise in good standing (academic achievement, attendance, discipline)

Part C: GRADE LEVEL IN WAIVER YEAR

- SENIOR** – if checked, skip Part D and Part E, and continue to Part F
Regulation 5-26.1.A.1 – Seniors who are in good standing in terms of academic achievement, attendance, and discipline, or who are participating in Virtual VB e-Learning online courses and other approved courses through institutions of higher learning, are eligible to apply for a waiver.
- JUNIOR** – if checked, continue to Part D, skip Part E, and continue to Part F
- FRESHMAN or SOPHOMORE** – if checked, skip Part D, and continue to Part E and F

Part D: JUNIOR CRITERIA (must check at least one)

- Work-Based Course (Co-Op) Title:** _____
(All Co-Op courses, VTfT, and Personal Training are Work-Based Courses)

Business Name: _____ Days/Hours of Employment: _____

Address of Employment: _____ Employer Telephone #: _____

Regulation 5-26.1.A.4 – Students who are enrolled in a school work/study program must be in attendance at school for three (3) blocks of instruction daily.

- Virtual VB / Virtual Virginia Course(s):** _____
Regulation 5-26.1.A.5 – Eleventh and twelfth grade students who are enrolled in Virtual VB e-Learning online classes and other approved courses through institutions of higher learning must be in attendance at school no fewer than two (2) blocks of instruction daily.
- Extenuating Circumstances:** _____ Attach separate documentation detailing the extenuating circumstance pursuant to the VBCPS School Board Regulation below. If the extenuating circumstance is for health reasons, a letter or other documentation from the attending licensed physician or licensed clinical psychologist must be submitted.



Part E: SOPHOMORE AND FRESHMAN CRITERIA (must check at least one)

Virtual VA / Virtual VB Course(s): _____
Regulation 5-26.1.A.5 – Ninth and tenth grade students enrolled in Virtual VB e-Learning online classes must be in attendance at school for three (3) blocks of instruction daily.

Extenuating Circumstances: Attach separate documentation detailing the extenuating circumstance pursuant to the VBCPS School Board regulation below. If the extenuating circumstance is for health reasons, a letter or other documentation from the attending licensed physician or licensed clinical psychologist must be submitted.

VBCPS School Board Regulation 5-26.1.A.3

Extenuating circumstances are those which are beyond the control of the student and his parent/legal guardian such as student illness, illness within the immediate family or exceptional personal family reasons. Extenuating circumstances do not include: vacations; changes in residence; disagreements regarding student placement decisions such as appealing student discipline decisions, decisions regarding out of zone approval or revocation, refusal to consent to placement or to change of placement under IDEA or Section 504 procedures; student or family work, extracurricular, transportation or child care schedules; and truancy or missing class. Medical or other documentation must be submitted with the application for waiver of full day of school. Prior to approving a waiver of a full day of school, homebound instruction will be considered for any student whose illness may prevent full-day attendance at regular school day setting.

***Please note that this is a REQUEST for excused blocks. Approval does not guarantee specific excused blocks.
Student schedules are determined by the needs of all students and staff availability.***

Part F: SIGNATURES

Student Signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

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

FOR COUNSELING & ADMINISTRATIVE USE ONLY

GPA

Current Year - Term 1 GPA

Current Cumulative GPA

Verified Credits Earned Math Science Social Studies
(Check once verified) Reading Writing

Counselor Signature: _____ Date: _____

Waiver Approved

Waiver Denied*

Principal's Signature: _____ Date: _____

*Reason for Denial:
(if applicable)