



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 SY20-21 Grade: _____

Part B: GENERAL CRITERIA (must check all)

- 2.0+ GPA overall AND in previous semester
- 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

- SENIOR** – if checked, skip to Part E
- UNDERCLASSMAN** – if checked, continue to Part D

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

- Work-Based Course Title:** _____
(All Co-Op courses, VTFT, and Personal Training are considered Work-Based Courses)
Business Name: _____ Days/Hours of Employment: _____
Address of Employment: _____ Employer Telephone #: _____

- Virtual VA / Virtual VB Course(s):** _____

- 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.

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.



Part E: SIX COURSE REQUIREMENT FOR ALL STUDENTS (select one)

- Enrolled in six (6) courses** Note that Co-Op courses are counted as one (1) course.
- NOT enrolled in six (6) courses and submitting a request due to an extenuating circumstance** 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.

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.

5-26.1.A.5 – Eleventh and twelfth grade students who are enrolled in Virtual Virginia Beach 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. Ninth and tenth grade students enrolled in Virtual Virginia Beach e-Learning online classes must be in attendance at school for three (3) blocks of instruction daily.

Part F: SIGNATURES

Student Signature: _____ Date: _____

Parent Signature*: _____ Date: _____

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

Please note that this is a REQUEST for early release or late arrival. This form does not guarantee excused 4th block for either "A" or "B" days. Schedules will not be rearranged to accommodate such requests.

FOR COUNSELING & ADMINISTRATIVE USE ONLY

GPA

_____ S2 Only

_____ Overall, at end of S2

Verified Credits Earned Math Reading Social Studies
(Check once verified) Science Writing Student Select: _____

Counselor Signature: _____ Date: _____

Waiver Approved

Waiver Denied*

Principal's Signature: _____ Date: _____

*Reason for Denial:
(if applicable)