

## TIME-FOR-TIME WAIVER FORM

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Parent Contact Information:**

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**Schedule**

Grade Level: \_\_\_\_\_

Period	Teacher	Course	Total Absences	Teacher Use Only: Initial if time-for-time (days 6-8) has been made up
1st				
2nd				
3rd				
4th				
5th				
6th				

Date(s) Considered for Waiver	Absence Number	Period(s) Missed	Reason Missed (be specific)	Committee Use Only: Documentation on File?
<i>Ex. July 8, 2011</i>	<i>#9</i>	<i>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></i>	<i>Attended grandfather's funeral</i>	

*Parents: Please return form to the main office when it has been completed.*

**Committee Notes:**

Date Received: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Waiver Granted: \_\_\_\_ yes \_\_\_\_ no

**Committee Signatures:**

Waiver Granted Pending Completion of Time-for-Time: \_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: