



REQUEST FOR WAIVER OF PARTICIPATION

A parent, legal guardian, or secondary student may request a Waiver of Participation by presenting this document to the principal.

NAME: _____ DATE: _____

ADDRESS: _____
Street City State Zip

PHONE NUMBER: _____

Signature of Parent or Guardian

Activity to be waived: _____

Reason for Request:

Waived: _____

Alternative Curriculum: _____

Principal's Signature

Date