

Seat Time Waiver
Student Application Form

Step 1
To be completed
by student

Please complete this form and return it to the designated school official.

District: _____ Building: _____ Date: _____

Student Name: _____ Grade: _____

Home Address: _____

City: _____ Zip: _____ Male Female

Birthdate: _____ Age: _____

Name of Parent(s)/Legal Guardian(s)	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Parent/Guardian Email: _____

Parent Cell Phone Number: _____

Student Email: _____ Cell Phone: _____

Current Number of Credits: _____ GPA: _____ Year of Graduation: _____
(attach transcripts)

Do you have an IEP or 504 Plan? Yes No

Why are you seeking a seat time waiver option? Check all that apply. (Appropriate documentation may be required.)

- | | |
|--|---|
| <input type="checkbox"/> Accelerated Learning | <input type="checkbox"/> Social/Emotionally/Family Issues
<i>Please specify:</i> _____ |
| <input type="checkbox"/> Pregnant or Teen Parent | <input type="checkbox"/> Medical Situation
<i>Please specify:</i> _____ |
| <input type="checkbox"/> Expelled | <input type="checkbox"/> High Interest/Low Enrollment Courses
<i>Please specify:</i> _____ |
| <input type="checkbox"/> Long Term Suspension | |
| <input type="checkbox"/> Working Student | |
| <input type="checkbox"/> Other
<i>Please specify:</i> _____ | |

Student Signature

Parent/Guardian Signature

Date

