

Issaquah School District #411

Petition for Waiver of Graduation Requirement

Student: _____ ID#: _____

Building: _____ Grade: _____ Date: _____

Course(s) or credit(s) for which a waiver is requested: _____

Rationale for request: _____

Student signature

Parent/guardian signature

Building use only below this line.

Recommendation:

Approve

Disapprove

Rationale: _____

Principal signature

date

cc: *Student*
Parent/Guardian

Students

2410 F6
2/1

Counselor