PARENT REQUEST FOR **WAIVER OF FULL-DAY SCHEDULING** REQUIREMENT

E. C. GLASS HIGH SCHOOL
2111 Memorial Avenue
Lynchburg, VA 24501-5599
(434) 515-5370 • Fax: (434) 522-3741
www.lcsedu.net/schools/ecg

LYNCHBURG CITY SCHOOLS

Student Name _____

Student Number _____ Grade _____

School _____ School Year _____

Reason for Request

(please check one): ☐ Employment *(Employer Certification required below)* ☐ Family ☐ Other

I understand that all students are required by Virginia regulations to maintain a full-day schedule and that a waiver may be granted in cases of employment, family reasons, or other extenuating circumstances. I also understand the implications of this request upon VHSL eligibility _____ *(parent initials)* and academic promotion /and on-time graduation _____ *(parent initials).*

VHSL Eligibility: I understand that in order to remain eligible to participate in high school activities at the subvarsity/varsity level in high school athletic activities, this student must have passed at least 5 credit subjects, or the equivalent, at the end of the previous semester and be enrolled in at least 5 credit subjects or the equivalent during the current semester _____ *(parent initials).*

Explanation for Request

(attach supporting documentation if needed)

_____

_____

_____

Certification of Employer

(required if request is for reason of employment)

I certify that the above named student will be employed during the period (enter dates) _____ to _____. The student will be employed on (circle days of employment) Monday, Tuesday, Wednesday, Thursday, Friday. The student begins work at (enter time) _____. If the employment of this student terminates or if the period, days, or start time of employment changes, I agree to notify the above named school promptly.

Employer Signature _____

Employer Name _____ Phone _____

Company Name _____

Company Address _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Phone _____ Date _____

School Counselor Use Only

Review by School Counselor

I certify that the above named student is on track to graduate in June, _____.

School Counselor Signature _____ Date _____

Principal Use Only

Recommendation of Principal

I certify that I have investigated the reasons for this request and make the following recommendation:

☐ Approved ☐ Denied

Comments *(if any)*

_____

_____

_____

Principal Signature _____ Date _____

Decision copied to parent/guardian, and form filed in student's record.

Waivers to Full Day of School

Regulations governing modification in the school day are specified below.

A. Eligibility

1. Twelfth grade students who are in good standing in terms of academic achievement, attendance, and discipline, or who are participating in Virtual online courses and other approved courses through institutions of higher learning, are eligible to apply for a waiver. All such students must meet the standards in this Regulation.

2. No waiver of full-day attendance will be considered for any student who currently participates in credit recovery courses.

3. No waiver of full-day attendance will be considered for any student with a grade point average of less than a 2.0 the previous semester or for those students with an overall grade point average of less than 2.0.

4. No waiver of full-day attendance will be considered for any student who has taken but not passed a Standards of Learning (SOL) tested course or has not achieved a verified credit in a SOL tested course.

B. Stipulations

1. Mandatory attendance periods 1-4; approval for early dismissal will be granted only for periods 5-7.

2. Mandatory attendance for athletes periods 1-5.

3. Approved early dismissal requires personal transportation. The student must leave campus at the end of his/her scheduled classes or a full schedule (periods 1-7) will be assigned.

4. Course load requests are for the following semester and must be resubmitted each semester. Fall requests are due the previous Spring; Spring requests are due prior to the end of the Fall semester.

C. Procedure for Requesting Waiver of a Full Day of School

1. The student and parent/legal guardian must complete and sign an application for a waiver. If a waiver is being requested for health reasons, a letter or other documentation from the attending licensed physician or licensed clinical psychologist must be submitted. The principal will review the data and determine whether there is a basis for a waiver.

2. An appeal of the principal's decision may be made to the Director of Student Services by sending a written request to the Director of Student Services within five (5) calendar days of the issuance of the principal's decision. The decision of the Director of Student Services is final.

Legal Reference

8VAC20-131-10 *et seq.*, as amended. Board of Education Regulations Establishing Standards for Accrediting Public Schools in Virginia.