Waiver Request and Process for Exiting School



Pursuant to LA RS 17:221 I, School Attendance

PARISH OF RESIDENCE		SCHOOL NAME			
SCHOOL TYPE Public	□ Private	Homeschool	Charter	Institutional	☐YCP HISET
STUDENT / PARENT /	GUARDIAN INFORMA	TION			
DATE OF REQUEST TO EXIT SO	CHOOL				
STUDENT'S NAME		GRADE STUDENT IS CURRENTLY ENROLLED IN			
DATE OF BIRTH	STUDENT'S SOCIAL SECURITY NO.				
STREET ADDRESS				APARTMENT NO).
CITY		STATE		ZIP CODE	
PHONE NUMBER		ALTERNATE PHONE NUMBER			
PERSON MAKING REQUEST RELATIONSHIP OF PERSON MAKING REQUEST					
	□Parent	☐Legal Guardian	☐Other _		
STREET ADDRESS (if different from above)				APARTMENT NO.	
CITY		STATE		ZIP CODE	
PHONE NUMBER		ALTERNATE PHONE NUMBER		•	
CATEGORY OF WAIVER	☐ Pregnant or Actively Pare ☐ Institutionalized or Living	in Residential Facility		Economic Hardship	cal or Mental Illness
Disclaimer: Signature acknowled	ges formal request for this studer	nt to exit (drop out) from s	chool and to attend an	alternative Adult Educat	ion Program
SIGNATURE OF PARENT/GUARDIAN SIGNATURE OF STUDENT					
STUDENT ENROLLED IN L Request Approved		REASON FOR DE	NIAL (if applicable)		
STUDENT RESIDES IN LEA	A/SCHOOL DISTRICT BUT IS NO	OT ENROLLED			
REPORT TO AE SUPERVISOR/LCTCS COLLEGE		PHONE		LOCATION	
ENROLL BY DATE (Must be within	5 school days of approval)				
SIGNATURE OF SUPERINTENDENT / AUTHORIZED OFFICIAL		or DESIGNEE TITLE		DATE	
ADULT EDUCATION A	CCEPTANCE				
SIGNATURE OF ADULT EDUCATION ADMINISTRATOR		TITLE			DATE
INELIGIBILITY FOR CO		LT EDUCATION			
Student Exceeds Age Requies Explain below the student's fail.	(All and All a	d to Meet the Requirement at egories above. (Exclude			ppropriate Behavior ent.)
AUTHORITY CONTACTED AT LEA			TITLE		
CONTACTED BY		DATE			