



## REQUEST FOR WAIVER OF FULL-DAY SCHEDULE REQUIREMENT

**Please Print:**

Student Full Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ School Name \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

I request that a waiver be granted from the full-day schedule requirement to permit my student to follow the daily class schedule listed below. 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 personal, family, or financial need in accordance with Fairfax County Public Schools (FCPS) Regulation 2412. I have attached a letter to this application explaining the reasons for the request. I understand the implications of the request on academic promotion and on-time graduation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS REQUEST MUST HAVE ATTACHED A LETTER FROM THE PARENT OR GUARDIAN EXPLAINING THE REASONS FOR THIS REQUEST.**

**DAILY CLASS SCHEDULE REQUESTED:**

For a student in grades 1 through 6, list the time the student will begin attending school in the morning and the time the student will leave school in the afternoon. For a student in grades 7 through 12, list the exact daily schedule of classes requested.

**FOR OFFICIAL USE ONLY**

Director of Student Services MS/HS ☐ Approved ☐ Denied

Director of Student Services Signature \_\_\_\_\_ Date \_\_\_\_\_

Action by Principal (required for all grade levels) ☐ Approved ☐ Denied

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: Parent or Guardian  
Director of Student Services