

# REQUEST FOR SCHOOL WAIVER

SY 2007 - 2008

DoDDS Okinawa District

This form is used for school waiver requests for the current school year only. A separate waiver form should be filled out for each sibling. A request for a school waiver may be granted depending upon present enrollment at the desired school. School Waivers are approved or disapproved by the Deputy Superintendent based on school resources and staffing. When a school waiver is requested, it is understood that the waiver is subject to change and may be revoked if attendance and/or other matters pertaining to the student are adversely affected. If the desired school reaches maximum enrollment by grade level or program, students who have been in the school waiver status the LONGEST will be the last to return to their home schools.

**PLEASE NOTE: If your request is approved, transportation will be the responsibility of the sponsor.**

<b>REQUESTED SCHOOL:</b>		<b>ZONED SCHOOL:</b>	
<b>Student Name</b>	<b>Grade</b>	<b>Enrollment Status</b> <input type="checkbox"/> Space-Required <input type="checkbox"/> Space-Available	<b>IS THERE A SIBLING WAIVER REQUEST?</b> <small>(fill out a separate form for each sibling)</small> <b>NAME:</b> _____ <b>GRADE &amp; SCHOOL:</b> _____
<b>Complete Quarters Address:</b> <i>(temporary lodging, on-base housing area, or off-base address)</i>			
<b>Complete Mailing Address:</b> <i>(PSC address)</i>			
<b>REASONS FOR THIS WAIVER REQUEST:</b> <i>(i.e.: child care, dual military, employment, educational, etc.)</i>			
<b>List any special programs in which student is currently enrolled:</b>			
<b>Sponsor Name:</b>	<b>Home Phone:</b>	<b>Duty Phone:</b>	<b>Cell phone:</b>
<b>Sponsor or spouse signature:</b>		<b>Date Submitted:</b>	

DSO SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED

DISAPPROVED

3/7/2007

<p><b><i>FOR OFFICE USE ONLY</i></b></p> <p>Date DSO Received: PARENT NOTIFICATION BY: Notification DATE:</p>
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