



**Waiver Request and Process for
 Exiting School
 Pursuant to LA RS 17:221 I, School Attendance**

AWR-1 Revised 02/10/14



PARISH OF RESIDENCE:	SCHOOL NAME: School Type (circle): Public, Private, Homeschool, Charter or Institutional
-----------------------------	--

STUDENT / PARENT/ GUARDIAN INFORMATION

DATE OF REQUEST TO EXIT SCHOOL

STUDENT'S NAME:	GRADE STUDENT IS CURRENTLY ENROLLED IN
------------------------	---

DATE OF BIRTH	STUDENT'S SOCIAL SECURITY NO.
----------------------	--------------------------------------

ADDRESS:	APARTMENT NO.
-----------------	----------------------

CITY	STATE	ZIPCODE	HOME TELEPHONE	WORK PHONE
-------------	--------------	----------------	-----------------------	-------------------

PERSON MAKING REQUEST:	RELATIONSHIP OF PERSON MAKING REQUEST: <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER_____
-------------------------------	--

ADDRESS (If different from above):	APARTMENT NO.
---	----------------------

CITY	STATE	ZIPCODE	HOME TELEPHONE	WORK PHONE
-------------	--------------	----------------	-----------------------	-------------------

CATEGORY OF WAIVER	<input type="checkbox"/> PREGNANT or ACTIVELY PARENTING	<input type="checkbox"/> INCARCERATED or ADJUDICATED	<input type="checkbox"/> CHRONIC PHYSICAL or MENTAL ILLNESS
	<input type="checkbox"/> INSTITUTIONALIZED or LIVING IN RESIDENTIAL FACILITY	<input type="checkbox"/> FAMILY or ECONOMIC HARDSHIP	

Disclaimer: Signature acknowledges formal request for this student to exit (drop out) from school and to attend an alternative Adult Education Program:	SIGNATURE OF PARENT/GUARDIAN	SIGNATURE OF STUDENT
--	-------------------------------------	-----------------------------

LEA / SCHOOL RESPONSE

<input type="checkbox"/> REQUEST APPROVED	REPORT TO ADULT ED SUPERVISOR/LCTCS COLLEGE	PHONE:
<input type="checkbox"/> REQUEST DENIED		LOCATION:
DATE:	REASON FOR DENIAL:	ENROLL BY DATE: (MUST BE WITHIN 5 SCHOOLS DAYS OF APPROVAL):

SIGNATURE OF SUPERINTENDENT / AUTHORIZED OFFICIAL or DESIGNEE	TITLE
--	--------------

ADULT EDUCATION ACCEPTANCE

SIGNATURE OF ADULT EDUCATION ADMINISTRATOR	LOCATION	ENROLLMENT DATE:
---	-----------------	-------------------------

INELIGIBILITY FOR CONTINUANCE IN ADULT EDUCATION

REASON FOR STUDENT'S INELIGIBILITY		
<input type="checkbox"/> STUDENT EXCEEDS AGE REQUIREMENT	<input type="checkbox"/> STUDENT FAILED TO MEET THE REQUIREMENTS OF COMPULSORY ATTENDANCE	<input type="checkbox"/> INAPPROPRIATE BEHAVIOR

Explain below the student's failure to comply with any of the categories above. Exclude the category of exceeding the age requirement.

AUTHORITY CONTACTED AT LEA:	TITLE
------------------------------------	--------------

CONTACTED BY:	DATE
----------------------	-------------