

Date Received: _____

Received by: _____

William A. Hough High School Recovery Waiver Request Form

Instructions: *Students you must complete and have teacher and parent signatures for each class you are appealing. Students must include an ATTEMPTED RECOVERY LOG. Incomplete forms will not be considered.*

Section I: Student Information

Student Name: _____ Student ID#: _____

Phone Number: _____ Email: _____

Section II: Course Information

Course: _____ Teacher: _____

Number of Absences: _____ Current average: _____ As of _____ Teacher's Initials: _____ Days recovered _____

Teacher Feedback: _____

Section II – Reason for Request of Waiver: A letter from a parent along with supporting documentation must accompany this request. Supporting documentation may be a doctor's note or other evidence of reason for absences. **A copy of the Recovery Log to-date must be attached.** Recovery should still be attempted as required through the end of the term.

Section III – Falsification of Information: Falsification of information on appeal requests with the intent to circumvent established procedures or to unfairly gain advantage over other applicants is considered a serious offense. **Knowingly making a false statement in writing, with intent to mislead W.A. Hough High School Administration in the performance of their official duty, will make void any waiver approval.**

Signature of Parent or Legal Guardian

Date

Phone Number

Email

Section IV: **To Be Completed By Attendance Secretary**

Supporting Documentation has been received in the form of: _____
(Medical Forms, Doctor's Notes, Personal Issue, etc.)

Supporting Documentation has not been received.

Signature of Attendance Secretary

Date

Section V: **To Be Completed By Principal and Recovery Waiver Committee**

Signature of Principal

Date

Approved: _____ Denied: _____

Reason for denial: _____

The Recovery Waiver Request Form and documentation should be turned in to Mrs. Hunt in Student Services no later than Thursday, May 23.