PAGE COUNTY PUBLIC SCHOOLS

For Central Office use only:
Date received:_____
Date notified:_____

APPLICATION FOR ATTENDANCE
WAIVER – NON–RESIDENT STUDENTS

Waiver status: ☐ request for first year waiver ☐ request for renewal of waiver ☐ check if a PCPS employee

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Current School of Attendance:_____ Grade Level:_____

Student Full Name:_____ Date of Birth:_____
Last First Middle

Student Address:_____
Street City Zip

Parent/Guardian Name:_____ Relationship:_____

Address if different from Student:_____
Street City Zip

Home phone: (____)_____ Cell phone: (____)_____ Work phone: (___)_____

Parent Email:_____

Please provide a brief statement explaining why you would like to have your student attend PCPS schools:

_____

_____

_____

I certify that the information stated on this application is complete and accurate. I accept responsibility for this student as indicated to the terms and requirements as set forth by Page County Public Schools. Among other reasons, waivers may be denied for unacceptable attendance, behavioral, or academic performance.

Parent/Legal Guardian Signature:_____ Date:_____

(To be filled out by current school administration relevant to the current academic school year)

ABC's of Good Standing

Attendance:	Absences____	Late Arrivals____	Early Dismissals____
Behavior:	Infractions____	Type of Infractions_____	
Coursework:	Courses Passed____	Overall academic performance_____	

Principal Signature:_____ Date:_____

For Central Office Use Only: ☐ Approved ☐ Not Approved

Signature:_____ Title:_____