



**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
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**STUDENT / PARENT/ GUARDIAN INFORMATION**

DATE OF REQUEST TO EXIT SCHOOL

STUDENT'S NAME:	GRADE STUDENT IS CURRENTLY ENROLLED IN
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DATE OF BIRTH	STUDENT'S SOCIAL SECURITY NO.
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ADDRESS:	APARTMENT NO.
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CITY	STATE	ZIPCODE	HOME TELEPHONE	WORK PHONE
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PERSON MAKING REQUEST:	RELATIONSHIP OF PERSON MAKING REQUEST: <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER _____
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ADDRESS (If different from above):	APARTMENT NO.
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CITY	STATE	ZIPCODE	HOME TELEPHONE	WORK PHONE
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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	

<b>Disclaimer:</b> 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
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**LEA / SCHOOL RESPONSE**

<input type="checkbox"/> REQUEST APPROVED  <input type="checkbox"/> REQUEST DENIED	REPORT TO ADULT ED SUPERVISOR/LCTCS COLLEGE	PHONE:
		LOCATION:

DATE:	REASON FOR DENIAL:	ENROLL BY DATE: (MUST BE WITHIN 5 SCHOOLS DAYS OF APPROVAL):
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SIGNATURE OF SUPERINTENDENT / AUTHORIZED OFFICIAL or DESIGNEE	TITLE
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**ADULT EDUCATION ACCEPTANCE**

SIGNATURE OF ADULT EDUCATION ADMINISTRATOR	LOCATION	ENROLLMENT DATE:
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**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
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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
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CONTACTED BY:	DATE
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