



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

AWR-1 Revised 02/10/14



|                             |  |
|-----------------------------|--|
| <b>PARISH OF RESIDENCE:</b> | <b>SCHOOL NAME:</b><br>School Type (circle): Public, Private, Homeschool, Charter or Institutional |
|-----------------------------|--|

**STUDENT / PARENT/ GUARDIAN INFORMATION**

**DATE OF REQUEST TO EXIT SCHOOL**

|                        |   |
|------------------------|---|
| <b>STUDENT'S NAME:</b> | <b>GRADE STUDENT IS CURRENTLY ENROLLED IN</b> |
|------------------------|---|

|                      |                                      |
|----------------------|--------------------------------------|
| <b>DATE OF BIRTH</b> | <b>STUDENT'S SOCIAL SECURITY NO.</b> |
|----------------------|--------------------------------------|

|                 |                      |
|-----------------|----------------------|
| <b>ADDRESS:</b> | <b>APARTMENT NO.</b> |
|-----------------|----------------------|

|             |              |                |                       |                   |
|-------------|--------------|----------------|-----------------------|-------------------|
| <b>CITY</b> | <b>STATE</b> | <b>ZIPCODE</b> | <b>HOME TELEPHONE</b> | <b>WORK PHONE</b> |
|-------------|--------------|----------------|-----------------------|-------------------|

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

|   |                      |
|---|----------------------|
| <b>ADDRESS (If different from above):</b> | <b>APARTMENT NO.</b> |
|---|----------------------|

|             |              |                |                       |                   |
|-------------|--------------|----------------|-----------------------|-------------------|
| <b>CITY</b> | <b>STATE</b> | <b>ZIPCODE</b> | <b>HOME TELEPHONE</b> | <b>WORK PHONE</b> |
|-------------|--------------|----------------|-----------------------|-------------------|

|                           |  |  |   |
|---------------------------|--|--|---|
| <b>CATEGORY OF WAIVER</b> | <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 |
|--|------------------------------|----------------------|

**LEA / SCHOOL RESPONSE**

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

|  |              |
|--|--------------|
| <b>SIGNATURE OF SUPERINTENDENT / AUTHORIZED OFFICIAL or DESIGNEE</b> | <b>TITLE</b> |
|--|--------------|

**ADULT EDUCATION ACCEPTANCE**

|   |                 |                         |
|---|-----------------|-------------------------|
| <b>SIGNATURE OF ADULT EDUCATION ADMINISTRATOR</b> | <b>LOCATION</b> | <b>ENROLLMENT DATE:</b> |
|---|-----------------|-------------------------|

**INELIGIBILITY FOR CONTINUANCE IN ADULT EDUCATION**

|  |
|--|
| <b>REASON FOR STUDENT'S INELIGIBILITY</b>  |
| <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.

|  |  |
|--|--|
|  |  |
|--|--|

|                                    |              |
|------------------------------------|--------------|
| <b>AUTHORITY CONTACTED AT LEA:</b> | <b>TITLE</b> |
|------------------------------------|--------------|

|                      |             |
|----------------------|-------------|
| <b>CONTACTED BY:</b> | <b>DATE</b> |
|----------------------|-------------|