

**APPLICATION FOR EXEMPTION FROM THE
STUDENT UNIFORM POLICY**

Name of person submitting this application: _____

Phone Number: _____

Name of Student: _____ Teacher: _____

Name of School: _____ Grade: _____ School Year: _____

Address: _____

Check Reason for Exemption Request:

Medical _____ Religious _____

Explanation of Restriction:

Attach documentation to verify explanation (Medical/Religious Affiliation).

I understand that the exemption request must be truthful and for a reasonable and justifiable basis and cannot become effective until I have met with the designated school administrator and had the document approved by the Principal and/or the Superintendent or his/her designee.

Signature of Parent/Guardian/Date of Request

Signature of Religious Official/Date of Request

Signature of Physician/Date of Review
(for medical exemption only)

For school use only:

Request to "Opt-Out" has been _____ Approved _____ Denied

Comments:

Signature of School Official

Date

DISTRIBUTION: White- Parent Canary- Teacher Pink- Principal