Mount
Vernon
Schools

HIGH SCHOOL CREDIT REQUIREMENT WAIVER AND NON-CREDIT REQUIREMENTS

1. Student Information:

 Student name (last, first) _____

State Student ID (use SSID - do not use the Student ID or Other ID) _____

Graduation base requirement year _____

Expected graduation month and year (mm/yyyy) _____

Today's date (mm/dd/yyyy) _____

Applicable semester _____

Counselor name (last, first) _____

Counselor email address _____

2. School _____

3. What waiver request are you submitting? Check all that apply:

☐ High school elective credits

☐ Washington State History

Completion of a request does not automatically guarantee a waiver will be granted. Once the application is submitted, the superintendent or designee (principal) will respond within ten business days of their decision. Please attach any and all materials and/or documentation that would establish the existence of the circumstances justifying a waiver. Parents or adult students with limited English proficiency may request that this form and/or the policy and procedure be provided in a language that they can understand.

"High School Elective Credits"

The board seeks to provide all students with the opportunity to complete graduation requirements without discrimination and without disparate impact on groups of students. In so doing, the board acknowledges that circumstances may arise that prevent a student from earning all required credits per graduation year and beginning with the class of 2029 graduation requirements are 24 credits. Per RCW 28A.345.080, the superintendent or his/her designee has discretion to grant a waiver of a maximum of two elective credits required for graduation. Requests must be received by the superintendent or designee (principal) no less than 30 days prior to graduation.

Basis for Waiver Request (required) (check all that apply):

☐ Homelessness

☐ Health condition resulting in student's inability to attend class

☐ Limited English proficiency

☐ Disability (regardless of whether student has an IEP or Section 504 plan)

☐ Denial of an opportunity to retake classes or enroll in remedial classes free of charge during the first four years of high school

Mount Vernon School District   Mount Vernon, Washington

☐ Transfer during the last two years of high school from a school with different graduation requirement

☐ In or have been released from an institutional education facility

☐ Other circumstances (e.g., emergency, natural disaster, trauma, personal or family crisis) that directly compromised the student's ability to learn

Narrative: (required)
Signature and Authorization: (required below)

I am requesting that the Superintendent or designee waive *(insert up to two elective credits)*____ required for *(insert student's name)*____ high school graduation in *(insert year)* due to the circumstances indicated above.

I hereby authorize the Superintendent or designee to contact, consult and/or confer with any individual referenced in this application who would have knowledge of my circumstances, except for those subject to a duty of confidentiality.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.

"Washington State History Non-Credit Waiver"

The board seeks to provide all students with the opportunity to complete graduation requirements without discrimination and without disparate impact on groups of students. Per WAC 180-51-067, the Washington State History non-credit bearing requirement may be waived by the principal for:

☐ Student completed a state history course in another state.

Mount Vernon School District   Mount Vernon, Washington

☐ Student in 11th or 12th grade had not completed a course of study in Washington State History and Government because of previous residence outside the state.

☐ Student successfully completed a state history and government course of study in another state. Whether such a course was completed is based on interpretation of the student's transcript, which is based on local policy for interpreting transcripts from other states.

Attach documentation substantiating that the above reason is true for verification.

For all selections of waiver requested above:

I request that the principal, as the superintendent's designee, approve the requested waivers or credit requirement alternatives.

☐ I hereby certify that the information provided on this application is true and accurate to the best of my knowledge.

☐ I hereby authorize the principal or superintendent's designee to contact, consult and/or confer with any individual referenced in this application who would have knowledge of the student's circumstances, except for those subject to a duty of confidentiality.

Signature of Parent or adult student: _____ Date: _____

For Official Use
Principal: Do you approve this request? ☐ Approved ☐ Denied Principal signature: _____ Once you submit an approved form it will be forwarded to the registrar to update the student record in Skyward.