

Belgrade School District

In-District Waiver Application

School Year: _____

Please complete one application for each child you wish for us to consider.

Parent(s) Name(s): _____

Physical Address: _____

Mailing Address (if different): _____

Phone number: _____

Are you employed by the Belgrade School District? _____ Yes _____ No

If yes, where? _____ HQ _____ SP _____ RV _____ MS _____ HS _____ Administration _____ Transportation

Student's Name: _____

Student's enrollment status: Currently enrolled _____ Yes _____ No

My child has an _____ IEP _____ 504

School(s) Attended

School Years of Attendance

Kindergarten _____

First _____

Second _____

Third _____

Fourth _____

School Request: _____ Heck/Quaw _____ Saddle Peak _____ Ridgeview

I/We request this waiver because

Action by Building Principal: Approved _____ Denied _____ Date _____

Action by Superintendent: Approved _____ Denied _____ Date _____

Action by Board Chair: Approved _____ Denied _____ Date _____

Parent Contacted regarding decision: Signature: _____

Date: _____