

Skyline High School

Petition for Waiver of Graduation Requirement

Student (legal name): _____

Grade: _____ Date: _____

Sport for which a waiver is requested: _____

If student is requesting a waiver please complete the following:

Student has successfully completed a school-directed athletic season

Student Signature

Coach Signature

** - Signed form is to be returned to the Athletic Secretary -

Building use only below this line

Recommendation:

Approve

Deny

Athletic Director Signature

Date