



Student Athlete Attendance Waiver Form

Parent Request

Date: _____

School Request

School: _____

Sport/Season: _____

Student Name: _____

Parent/Guardian Name & Address: _____

Please provide a brief statement regarding your appeal (Please attach appropriate documentation. Appeals will not be considered without appropriate documentation.)

To be completed by the Panel Facilitator:

Date: _____

Decision made: _____

Principal: _____

Athletic Director: _____

Superintendent/Designee: _____

Appellant Date: _____