

*Bedford County Schools*

**REQUEST FOR EXEMPTION FROM PROVISIONS OF  
DRESS CODE POLICY #6.310**

Date of Request: \_\_\_\_\_

Name of Person Submitting Request: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I certify that I am the parent or legal guardian of the student named above. I hereby request an exemption from the Bedford County Dress Code within BCBOE Policy #6.310 on behalf of the student for the current school year at the above referenced school. I understand this exemption is for the current school year only, and that I must return this form to the Supervisor of Students for consideration.**

Reason for Exemption Request

- Religious
- Medical (Doctor's statement must be attached)
- Disability (Copy of IEP must be attached)

Based on the category you selected, provide a detailed explanation for your request:

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I understand this exemption request will be considered by the Supervisor of Student Services.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Supervisor of Student Services

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Date of Denial