



HIGH SCHOOL CAREER ACADEMY WAIVER

School Year: _____

Received by: _____

Date: _____

Parents/Guardians must provide transportation to assigned school unless transportation is already set up and there are seats available on the bus.

Section I

Name of Student: _____ Student I.D. _____

Last First Middle

Date of Pupil's Birth: _____ Grade: _____ ESE: Yes No SDM _____

Month Day Year

Section II

Parent: _____ Address: _____

(Or legal guardian)

Street

City

State

Zip

Home Phone: _____ Business Phone: _____ Cell #: _____

Parent: _____ Address: _____

(Or legal guardian)

Street

City

State

Zip

Home Phone: _____ Business Phone: _____ Cell #: _____

Students requesting a specific High School Career Academy may be considered for a waiver. Deadline for submission is May 1st for the upcoming school year.

Section III – Career Academy

_____ is currently enrolled at _____

Student's Name

Name of School

Student requests to participate in _____ at _____

Name of Career Academy

Name of High School offering the Academy of interest

Approval of waiver *does not* guarantee acceptance into a specific Career Academy at requested high school. Waiver review and determination will be done by Student Enrollment and Career & Tech Ed administrators.

Section V – Falsification of Information: Falsification of information on transfer or appeals requests with the intent to circumvent established procedures or to unfairly gain advantage over other applicants is considered a serious offense. Section 837.06, Florida Statutes, provides that: "Whoever knowingly makes false statement in writing with intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable in §775.082, §775.083...".

This approval is contingent upon adherence to the Lee County School District's attendance policy. Excessive absences and/or tardies may result in the waiver being rescinded. In addition, behavior in violation of the District's Code of Conduct for Students may result in the waiver being rescinded.

Signature of Parent or Legal Guardian

Date

For Office Use Only:

Code: _____ Approved Disapproved Date _____ Signature: _____