

Date: _____ Initial: _____
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**REQUEST FOR CONSIDERATION TO WAIVE THE GRADE POINT AVERAGE (GPA)  
REQUIREMENT FOR INTERSCHOLASTIC AND EXTRACURRICULAR ACTIVITIES**

Student \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_  
Activity \_\_\_\_\_

In the event of extenuating circumstances, such as but not limited to, a death in the family or a prolonged life-threatening illness, I (we) the parent(s)/guardian(s) of the above named student, request a waiver of the grade point average requirement so my student may participate in \_\_\_\_\_.

Reason(s) for request :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1. Has the student previously applied for a waiver? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2. Has the student previously been granted a waiver? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. If the answer to #2 is yes, in what building and grade was the student granted a waiver?

School \_\_\_\_\_ Grade \_\_\_\_\_

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

\_\_\_\_\_  
Student Signature

Falsification of any of above information will result in automatic denial of request.

# REQUEST FOR CONSIDERATION OF GPA WAIVER

Student \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Please provide the following information:

1. Has the student met OHSAA academic requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No  
***\*If no, then the student is not eligible for a GPA Waiver***

2. Does this student have a 504 or an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate accommodations and modifications:

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3. Is this student currently in counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where is the counseling taking place? \_\_\_\_\_

4. Indicate the student's 9-week GPA in the previous 3 quarters from the grading period in question:

Previous 1 \_\_\_\_\_ Previous 2 \_\_\_\_\_ Previous 3 \_\_\_\_\_

5. Attach the grade card report from the grading period in question with teacher comments.

6. Attach the student's discipline summary from the current school year.

7. Briefly note interventions attempted of which you are aware:

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8. Indicate the student's attendance for this school year:

Days Absent\_\_\_\_\_ Days Unexcused\_\_\_\_\_ Times Tardy to School\_\_\_\_\_

9. Does this child have a caseworker at Franklin County Children's Service? Yes\_\_\_ No\_\_\_

If yes, please indicate name and phone number: \_\_\_\_\_

\_\_\_\_\_

10. Has school referred child/family for counseling or services outside the school system? If yes, indicate reason?

\_\_\_\_\_

\_\_\_\_\_

Recommendations of Building Principal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Athletic Director\_\_\_\_\_

Signature of Principal\_\_\_\_\_

(District Office Use Only)

Waiver Approved\_\_\_\_\_ Waiver Denied\_\_\_\_\_

Signature of Executive Director\_\_\_\_\_