

**WARWICK PUBLIC SCHOOLS  
SECONDARY ATTENDANCE WAIVER REQUEST**

**TO BE COMPLETED BY PARENT/GUARDIAN:**

Transfer School: \_\_\_\_\_ Home School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade placement for 2018-2019 \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Please describe the hardship in which necessitates an attendance waiver:

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**Please note: Any approval for an attendance waiver is subject to the following conditions:**

- Transportation is a family responsibility
- If there is a significant increase in your child's class size, he/she will be transferred back to the home area school. This transfer could occur at any time during the school year.
- Adherence to the "Code of Ethics."
- This request will terminate at the end of this school year. If you wish to re-apply for an attendance waiver for the next school year, you must submit a written request before the end of the current school year. Often these requests are not acted upon until the last week in August or the first week in September due to changing enrollment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Secondary Education

\_\_\_\_\_  
Date

**Please return this form to:  
Gorton Administration  
Attn: Secondary Education Office  
69 Draper Ave.  
Warwick, RI 02889**