

# ~~Santa Rosa City Schools~~

## ~~CSBA Sample~~

### ~~Exhibit~~

#### ~~Certificate Of Proficiency/High School Equivalency~~

E 6146.2

#### ~~Instruction~~

~~Santa Rosa City Schools~~

~~FORM—Waiver of High School Graduation Credits~~

~~Application for waiver of up to two elective high school  
Graduation credits based on unusual circumstances~~

#### ~~Instructions:~~

~~Please review the district's Administration Regulation 6146.1 prior to completing this form.—  
This form must be completed signed and provided to the Superintendent's office no later than  
thirty business days prior to high school graduation for the year the waiver is requested.~~

~~Providing the completed form does not automatically guarantee a waiver will be granted.—Once  
the application is submitted, the Superintendent or designee will respond to the request within  
ten business days with his or her decision.~~

~~Please attached any and all materials and/or documentation that would establish the existence of  
the unusual circumstances justifying a waiver (e.g., physician's letter).—Please attach additional  
pages if necessary to the narrative section.~~

~~Parents or adult students with limited English proficiency may request that this application—  
and/or the policy and procedure be provided in a language that they understand.~~

#### ~~Student Identification (required)~~

~~Name of person completing this form: \_\_\_\_\_~~

~~Relationship to student: \_\_\_\_\_~~

~~Address of person completing this form: \_\_\_\_\_~~

~~Daytime phone number: \_\_\_\_\_~~

Student's Name: \_\_\_\_\_

Student's ID Number/Date of Birth: \_\_\_\_\_

Expected year of graduation: \_\_\_\_\_

Basic for Waiver Request (required) (check all that apply):

☐ Disability (regardless of whether student has an IEP or Section 504 plan)

☐ Health condition resulting in student's inability to attend class

☐ Homelessness

☐ Limited English proficiency

☐ Course availability due to a teacher shortage in a particular credentialing area

☐ Transfer during the last two years of high school from a school with different graduation requirements

☐ Other circumstances (e.g., emergency, natural disasters, trauma, personal or family crisis) that directly compromised the student's ability to learn.

Narrative: (required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and Authorization: (required)

I am requesting that the Superintendent or designee waive (insert up to ten elective credits) required for (insert student's name) high school graduation in (insert year) due to the unusual circumstances indicated above.

I hereby authorize the Superintendent or designee to contact, consult and/or confer with any individual referenced in this application who would have knowledge of the unusual circumstance, except for those subject to a duty of confidentiality.

I hereby certify the information provided on this application is true and accurate to the best of my knowledge.

Signature of parent or adult student \_\_\_\_\_ Date: \_\_\_\_\_

---

---

~~Signature of School Administrator verifying the Application Information~~ ~~Date~~

NOTICE AND CONSENT TO DISCONTINUE SCHOOL ATTENDANCE  
FOR STUDENTS WITH A CERTIFICATE OF PROFICIENCY

Notice of Student Rights: Students who pass the California High School Proficiency Examination (CHSPE) and receive a Certificate of Proficiency issued by the State Board of Education may continue to attend school, but upon request will be exempted from compulsory school attendance pursuant to Education Code 48410. If the student is under 18 years of age, the student's parent/guardian must also provide approval in order for the student to discontinue school attendance.

If the student leaves school after receiving a Certificate of Proficiency and is under 18 years of age, the student may later decide to re-enroll in the district with no adverse consequences. In this case, the student may be required to meet new or additional requirements established since the student was previously enrolled. If the student re-enrolls and then leaves school again, the student may be denied re-admittance until the beginning of the following semester.

For further information about leaving school after obtaining the Certificate of Proficiency, contact the principal or school guidance counselor.

Student's name: \_\_\_\_\_

School: \_\_\_\_\_

Date on which the Certificate of Proficiency was issued: \_\_\_\_\_

To be completed by student: I understand the rights granted to students who are awarded the Certificate of Proficiency to disenroll from school, and to re-enroll if desired before the age of 18. I hereby notify the school district of my intent to disenroll from school.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by parent/guardian: I hereby grant consent for my minor child to disenroll from school.

Parent/guardian's name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by school administrator: I hereby verify the parent/guardian's signature and date recorded above.

Name of school administrator (please print):

Position:

Signature: Date:

~~Exhibit~~~~SANTA ROSA CITY SCHOOLS~~  
~~version: May 24, 2017~~ ~~Santa Rosa, California~~  
12/20