

PANTHER VALLEY SCHOOL DISTRICT

**REQUEST FOR WAIVER FROM THE STANDARD
DRESS AND GROOMING POLICY**

Religious

Student's Name _____

Grade _____ Building _____

Parent's Name _____

Address _____

Telephone Number _____

Directions:

Please cite the specific reasons of your objections to adhering to the school mandated uniform dress code on the basis of your religious beliefs. Attach a copy of your religious group's doctrine and a letter from your minister/rabbi attesting to this position.

Parent's Signature _____ Date _____

Building Principal Signature _____ Date _____

Conference Date with Superintendent _____

The Superintendent shall render a written decision, approving or denying, the requested waiver within three (3) business days of the conference date.

An Equal Opportunity Employer