

PANTHER VALLEY SCHOOL DISTRICT

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

Financial

Student's Name _____

Grade _____ Building _____

Parent's Name _____

Address _____

Telephone Number _____

Directions:

Complete the information requested below reflecting economic status; attach the most recent income tax report.

All Taxable and Non-Taxable Sources of Family Monthly Income:
List separately:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount of Family Income: \$ _____

Major Expenditures (e.g., house/vehicle payment, utilities, medical, food/clothing, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount of Expenditures \$ _____

I certify that the information provided by me is true and accurate. Further, I consent to allowing the Panther Valley School District to verify this information with any and all employers and/or agencies.

Parent's Signature _____ Date _____

Building Principal's Signature _____ Date _____

Date received by 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