For Office use only Date received:

West Contra Costa Unified School District Request for Waiver from Compliance with the District Uniform Policy

Student Name:		School of Attendance:			
Parent or G	Suardian:		Date: _		
Address:					
Phone Number(s):					
•		ding WCCUSD schools to s and the schools they atte	•	nest will apply? yes	no
• •	•			۵٠	
Briefly descr	ribe the basis of you	r request for a waiver (opt	ional):		
I understand	that the waiver will	take effect after I have me	et with the school princip	al regarding my waiv	er request.
Parent signa	ture:		Date:		
To be signed	d by parent as part	of the waiver meeting (p	olease do not sign this se	ection prior to the wa	aiver meeting):
-	sponsible for seeing	I have read and underst g that my child dresses i			
Parent sign	rent signature: Date:				
This section	to be completed by	the principal conducting	ng the waiver meeting:	Date of meeting	ng:
Pare Dres	ent/Guardian given a ss code reviewed wit	policy reviewed with part copy of dress code: h parent(s) and statement aiver request withdrawn _	yes no (signed yes no (circle	circle)	
Copy of app	roved waiver reques	t sent to parent Date: _			
Copy of wai	ver sent to uniform p	orogram for distribution to	other schools covered by	y this request: Date:	
Failure to att	tend meeting (circle) Parent contacted and	meeting rescheduled: yes	no (circle)	
Date of rescl	heduled meeting:				
Signature of	administrator condu	cting the meeting:		Date:	
Copies:	Parent/Guardian white	Student Cum folder canary	Principal's File pink	Uniform Office goldenrod	

Revised: 8/1/06