

ALLENTOWN SCHOOL DISTRICT

APPLICATION FOR EXEMPTION FROM THE DISTRICT UNIFORM POLICY

School Year _____

Name of person submitting this application: _____

Name of Student: _____

School: _____ School Year: _____

Home Address: _____
Number Street City State Zip

Telephone: _____ Cell phone: _____ Other: _____

I certify that I am the parent/legal guardian of the above name student. Pursuant to the Allentown School District Board Policy, I hereby request an exemption from the student uniform requirement for

_____ enrolled in _____ School.
Student's Name

I understand that this exemption is for the current school year only. I also understand that any exemption from the uniform guidelines granted by the building administrator shall be limited to the minimum variance from the guidelines necessary in light of a specific, bona fide religious, medical, or special needs situation.

Please list below the specific exception being requested and reason: (If appropriate, attach documentation justifying your request.)

I understand that the exemption will be effective after I have met with a school administrator and have been granted the exemption.

Signature of Parent/Guardian

Date of Request