## Seat Time Waiver Student Application Form

Please complete this form and return it to the designated school official.				
District:	Building	:	Date:	
Student Name:			Grade:	
Home Address:				
City:	Zip:		🗆 Male 🛛 Female	
Birthdate:	Age:			
Name of Parent(s)/Legal Guardian(s)		Rolationichip	Phone Number	
Parent/Guardian Email:				
Parent Cell Phone Number:				
Student Email:		Cell Phon	e:	
Current Number of Credits:	_ GPA:	Year of 0	Graduation:	
Do you have an IEP or 504 Plan? □	Yes D	] No		
Why are you seeking a seat time waiv documentation may be required.)	er option?	? Check all that apply.	(Appropriate	
□ Accelerated Learning		Social/Emotionally/Far	•	
<ul> <li>Pregnant or Teen Parent</li> <li>Expelled</li> </ul>		Please specify: Medical Situation		
□ Long Term Suspension		Please specify:		
Working Student		High Interest/Low Enro	ollment Courses	
□ Other Please specify:				
Student Signature		Parent/Guardian Signa	ature	
Date GenNET Office fax (810) 591-4505				

Seat Time Waiver Essay Questions	<b>Step 1 of 6</b> To be completed by student. Retain in district records.
Student Name:	Date:

Please respond to the questions stated below and turn in with your application.

1. Why should you be given consideration for acceptance into a seat time waiver program? What has occurred in your life to cause you to apply for a seat time waiver? What are you willing to do to be successful? How will you benefit from this opportunity?

2. Describe your time management and organizational skills. How do you organize yourself? How would you keep yourself on track for successful completion?