

Seat Time Waiver  
**Student Application Form**

**Step 1 of 6**  
To be completed by  
student.

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) | Relationship | Phone Number |
|-------------------------------------|--------------|--------------|
| _____                               | _____        | _____        |
| _____                               | _____        | _____        |

Parent/Guardian Email: \_\_\_\_\_

Parent Cell Phone Number: \_\_\_\_\_

Student Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Number of Credits: \_\_\_\_\_ GPA: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
(attach transcripts)

Do you have an IEP or 504 Plan?  Yes  No

Why are you seeking a seat time waiver option? Check all that apply. (Appropriate documentation may be required.)

- Accelerated Learning
- Pregnant or Teen Parent
- Expelled
- Long Term Suspension
- Working Student
- Other  
Please specify: \_\_\_\_\_
- Social/Emotionally/Family Issues  
Please specify: \_\_\_\_\_
- Medical Situation  
Please specify: \_\_\_\_\_
- High Interest/Low Enrollment Courses  
Please specify: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**GenNET Office fax (810) 591-4505**

