



UNIFORM DRESS CODE
"Opt Out" Application

School Year: _____

School Name _____

Student Name(s) _____

Grade _____ Teacher _____

Parent(s) or Guardian(s) Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

The principal or his/her designee will accept and consider your request for your child to be exempt from the school's Uniform Dress Code. Your request must be submitted no later than 5 days after your child has been enrolled in school.

Please check the reason for your request:

Medical (Attach doctor's statement) Religious Other

I, _____, parent(s) or guardian(s) of _____

_____, request that my child(ren) be exempted from the school uniform dress code. I understand that my child(ren) must conform to all other dress code expectations that are not a part of the uniform dress code. I request approval of this request for the following reason (s):

(use back of form, if necessary)

Parent Signature _____ Date _____

Principal's Action: Approved Denied

Signature _____ Date _____