



THE CLASSICAL ACADEMY OF FRANKLIN

Uniform Waiver Request

This form is to be completed by the parent(s) and submitted to an administrator for approval in any case where a parent or student needs to request a waiver of the TCA Uniform Policy, whether this request is for a short term or the full school year. In any case, a new request must be submitted at least once each school year and subsequent requests may be denied at the discretion of the administration.

Student's Name: _____ Student's Grade: _____
Date of Request: _____ Person Making the Request: _____
Signature: _____

Which aspect(s) of the TCA Uniform Policy do you need waived? What changes to the dress code are being requested?

Term of Waiver

Full school year

Other: From _____ to _____

Please provide a reason for this waiver below. (Additional documentation may be requested prior to the decision being made by the administration. This documentation may include, but is not limited to, notes from a physician or receipts from orders placed.)

For administration use only

Approved

Denied Reason: _____

Additional Documentation Requested:

1. _____
2. _____
3. _____

Date: _____

Administrator: _____ Signature: _____