



PETITION FOR WAIVER OF DRESS AND GROOMING COMPLIANCE EXHIBIT 2105-1

Religious beliefs, bona fide medical reasons, or other good cause based on legal requirements, when verified, may be grounds for a waiver to a specific portion of the Dress and Grooming Policy. A petition for a waiver from enforcement of a specified portion of Dress Code Policy shall be submitted to the Student Services and School Attendance office:

Student Services and School Attendance
1465 David E. Cook Way • Clovis, CA 93611-0574
Phone: 559-327-9200 • Fax: 559-327-9222

Student Name: _____ Date: _____

School of Attendance: _____ Student ID #: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____ Telephone Number: _____

I hereby petition for my child to be exempt from compliance with the following provisions of the Clovis Unified School District Governing Board Policy No. 2105 - Dress and Grooming:

Reason (Check the Applicable Request Below and Provide an Explanation of the Request):

- Religious
Medical
Other
Explanation of Waiver Request: _____

Please provide the applicable documentation as directed below in A, B or C. The documentation you provide will depend upon the particular waiver requested.

A. If you are submitting a waiver based on religious grounds, please submit information to support your request for a waiver of complying with Governing Board Policy No. 2105 - Dress and Grooming, due to religious beliefs:

- 1. Organized religious affiliation: _____
2. Name of local church/temple/mosque/tabernacle/house of worship: _____
Address: _____ City: _____ Zip: _____
3. Name and title of local religious leader or elder: _____
Telephone Number: _____
Address: _____ City: _____ Zip: _____
4. Verification of religious affiliation:
Name and title of person verifying religious affiliation: _____
Signature of person verifying religious affiliation: _____

B. If you are submitting a waiver based on medical grounds, please submit supporting medical documentation indicating the need for such a waiver. You may be asked to sign a release of information so that the school nurse can discuss your particular request with your medical provider. Please attach to this waiver request any supporting documentation.

C. If you are submitting a waiver based on other grounds, please provide information that you believe is important in order for the District to decide your request and attach any supporting documentation you believe is relevant.

ACTION

FOR DISTRICT USE:

Date: _____ Waiver Approved _____ Waiver Denied _____

Reason: _____

Signature of School Official: _____

Appeal of Exemption Denial:

You may appeal any waiver denial. An appeal shall be submitted in writing to the Associate Superintendent for School Leadership within 30 calendar days of the denial. Within 30 calendar days of receipt of the appeal, the Associate Superintendent or designee shall gather facts and make a written determination, which shall be provided to the complainant. Gathering of facts shall include but may not be limited to meeting with the complainant, if deemed appropriate to do so. Any decision of the Associate Superintendent for School Leadership shall be final.

However, in the event that the allegations raised in the appeal of the waiver denial are determined by the Associate Superintendent for School Leadership to fall within the District’s Uniform Complaint Procedures (“UCP”) included in Board Policy No. 9208 (e.g. claims of discrimination), then the District will use the District UCP process, as outlined in BP/AR No. 9208, to investigate and respond to the appeal of the denied waiver request. Consistent with the law and BP/AR No. 9208, any appeal of that decision may be appealed to the California Department of Education.

[PAGE 2 WRITTEN ACTION TO BE RETURNED TO PARENT/GUARDIAN]

*Adopted: 2/28/96
Reviewed: 6/22/02
Reviewed: 8/14/03
Reviewed: 8/24/05
Reviewed: 6/14/06
Reviewed: 5/23/07
Amended: 7/17/08
Reviewed: 5/27/09
Amended: 5/26/10
Revised: 2/23/12
Revised: 7/26/17*