



San Rafael High School

185 Mission Avenue, San Rafael CA 94901
Office: 415-485-2330 Fax: 415-485-2345
www.sanrafael.srscs.org

TO: STUDENT ATHLETES
FROM: JOSE DE LA ROSA, ATHLETIC DIRECTOR
RE: ACADEMIC WAIVER REQUEST

Instructions: Please complete the following Athletic Waiver Form and attach a typed letter fully explaining why you feel that the San Rafael High School should grant you an Athletic Waiver and what you will do to improve your academics. Review all of the information that you are presenting very carefully and return it to Jose De La Rosa, Athletic Director. If you have any questions you may contact us at (415) 485-2348 or at jdelarosa@srscs.org

DATE _____ SPORT(S) _____ GRADE LEVEL (Circle One) 11 12

STUDENT'S NAME _____

CURRENT G.P.A.: _____ PRIOR G.P.A.: _____ (GPA to be completed by Office Staff)

I understand this is **only** a request. If granted I **must** complete an athletic probation contract and follow all conditions and if I fail to do so the Athletic Waiver will be revoked. I understand that if approved, I will remain in the Academic Support Program until I graduate and that this is a **onetime only Athletic Waiver** for my **entire** high school athletic involvement and applies only for the current grading period.

Student's Signature

Parent's Signature

Email: _____

Email: _____

Cell Phone: _____

Cell Phone: _____

Head Coach:

PRINT NAME

SIGNATURE

DATE

I support this application for an Athletic Waiver and will work with my athlete and the school to monitor my athlete's academic, behavior, attendance and tutorial performance during this season.

Athletic Director:

PRINT NAME

SIGNATURE

DATE

By signing this, I have received the Academic Waiver Request and the request is under review. The waiver is not granted until a contract is signed by student, administration, and coaches.