

Driving Eligibility Hardship Request Form

(To be filled out by the parent)

Name of Parent or Legal Guardian: _____

Name of Student: _____

Name of School: _____

Parent's Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Work Phone: _____ Home Phone: _____

Cases of hardship must reflect specific circumstances that are beyond the control of the student, his or her parents, or the school. The specific hardship circumstances are divided into four categories. Please see the attached information sheet for examples of each category.

I am requesting a Driving Eligibility Certificate for the following reason:

- (Please circle as appropriate)
- _____ #1 Medical Considerations
 - _____ #2 Work Related Considerations
 - _____ #3 Exceptional Children's Considerations
 - _____ #4 Other Considerations — Please specify

Directions: To be considered for hardship, all information on this form must be complete. Support documents (a letter from a doctor, etc.) will be necessary to determine whether or not your request will be approved. Hardship waivers will only be granted in extreme circumstances. Briefly explain the circumstances of your hardship request. Include any documents/attachments as needed.

Signature of Parent or Guardian: _____ Date: _____

Office Use Only		
Date Received: _____	Decision Date: _____	Other: _____

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