STROUDSBURG AREA SCHOOL DISTRICT

A request for waiver of the Standardized Dress Policy based on medical reasons/special
needs shall be considered on completions and submission of the accompanying waiver
form. This form must be submitted to the Superintendent within five (5) calendar days of
receipt to be considered for exemption. The student will temporarily be exempt from the
requested elements of the Standardized Dress Policy until a decision has been rendered as
outlined in the policy, but must dress within the spirit of the appropriate attire.

requested elements of the Standardized Dress Poloutlined in the policy, but must dress within the s	licy until a decision has been rendered
The signature below denotes receipt of a copy of request for a Medical/Special Needs waiver form	
Parent/Guardian Signature	Date

STROUDSBURG AREA SCHOOL DISTRICT

Student's Last Name	First	Grade/Sch	ool
Parent's Name		Phone Nur	mber
Mailing Address	City	State	Zip Code
as required on the	il your objection to comne basis of medical or sp policy for which you rec	ecial needs. Indicate the	
a case of special	ate documentation from needs, attach a copy of tion reserves the right to	the I.E.P. and case man	nager's name.
Parent's Signature		Date_	