



**DIOCESE OF COLUMBUS**  
**HIGH SCHOOL WAIVER REQUEST**  
*(Catholic School to Catholic School)*



Name of Student: \_\_\_\_\_

School Currently Attending OR Last Attended: \_\_\_\_\_

Current Grade OR Grade Last Attended: \_\_\_\_\_

Name(s) of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Assigned Catholic School: \_\_\_\_\_

Name of Requested Catholic School: \_\_\_\_\_

**Waivers will only be considered for the following reasons (Check one or more):**

Siblings have attended the requested school.

Sibling First and Last Name(s) and Graduation Year: \_\_\_\_\_

Parent has attended the requested school. Alumnus First Name, Last Name, (and Maiden Name) and Graduation Year: \_\_\_\_\_

Parent/Guardian is an employee of the requested school.

Employee Name: \_\_\_\_\_

The assigned school feels it is in the best interest of the student to attend the requested school.

\*Attach a detailed, written statement that addresses the reason(s) for which your are submitting this waiver request.

\*\*Only the assigned school can check this box. Name of School Official: \_\_\_\_\_

**I hereby state that participation in athletics or other extra-curricular programs has not influenced this request for a waiver of attendance. *Parent Initials* \_\_\_\_\_**

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assigned School Official \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requested School Official \_\_\_\_\_  
Date

When above information is completed, return form to: **Adam Dufault, Superintendent**  
**Diocese of Columbus Department for Education; 197 East Gay Street Columbus, OH 43215**

This waiver request is granted to begin the school year: \_\_\_\_\_

This waiver request is denied.

\_\_\_\_\_  
Signature of Superintendent or Designee \_\_\_\_\_  
Date