



**UNIFORM DRESS POLICY WAIVER REQUEST**

Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Student Name \_\_\_\_\_

Student Number (if known) \_\_\_\_\_

School Student Attends \_\_\_\_\_

Reason for waiver request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This request will be reviewed by the Superintendent or his designee. Waiver requests will be considered on a case-by-case basis. Within ten (10) days after the request is received, a decision will be made and communicated to the parent or guardian. A decision made under this policy may be appealed to the Superintendent.

**Please return this form to:  
IPS Public Relations Division  
120 E. Walnut Street, Room 114  
Indianapolis, IN 46204**

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**FOR IPS USE ONLY:**  
DATE WAIVER REQUEST RECEIVED BY IPS PRD: \_\_\_\_\_