

# BERING STRAIT SCHOOL DISTRICT ACTIVITIES OFFICE

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## ELIGIBILITY WAIVER FORM - SA-6

Date:		
School:		
Principal Name/Signature:		
Student Name/Signature		

Check		Reason/Form of Documentation (Attach Documentation)
<input type="checkbox"/>	Academic	
<input type="checkbox"/>	Attendance	
<input type="checkbox"/>	Other	

-----**FOR DISTRICT OFFICE USE ONLY**-----

Waiver Request Approved

Waiver Request Disapproved

Comments:	
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BSSD Activities Director Signature

\_\_\_\_\_  
Date

