



STATE OF HAWAI'I
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAI'I 96804

EXCEPTIONS TO COMPULSORY EDUCATION

STUDENT _____ Student I.D. No. _____ Birth Date _____
Last First Middle

Telephone Number _____ Address _____
Street City Zip

School _____ District _____ Grade _____

A. I hereby request that the above named child be withdrawn from school for the _____ school year for the reason checked below in accordance with HRS §302A-1132 (see back of form):

Father _____ Signature _____ Date _____
(print or type name)

Mother _____ Signature _____ Date _____
(print or type name)

Other _____ Signature _____ Date _____
(print or type name)

___ 1. Physical or mental reason(s). (Attach certificate of duly licensed physician)

Principal's Signature _____ Date _____
 ___ Approval recommended
 ___ Approval not recommended

Complex Area Superintendent's Signature _____ Date _____
 ___ Approval granted
 ___ Approval not granted

___ 2. Suitable employment after age 15. (Attach verification of minor's employment status)

Principal's Signature _____ Date _____
 ___ Approval recommended
 ___ Approval not recommended

Complex Area Superintendent's Signature _____ Date _____
 ___ Approval granted
 ___ Approval not granted

___ 3. Family Court Judge's approval _____ (Attach verification)
Judge's Signature Date

___ 4. Alternative educational program other than home schooling. (Attach professional staff qualifications and child's instructional program)

Program Name and Address _____ Phone _____

Principal's Signature _____ Date _____
 ___ Approval recommended
 ___ Approval not recommended

Complex Area Superintendent's Signature _____ Date _____
 ___ Approval recommended
 ___ Approval not recommended

B. I hereby inform you that the above named child will be home schooled from _____ Date _____

Date received by school: _____

Acknowledged: _____

Principal's Signature _____ Date _____

Parent's Signature _____ Date _____

Complex Area Superintendent's Signature _____ Date _____