

Driving Eligibility Hardship Request Form

(To be filled out by the parent)

Name of Parent or Legal Guardian: _____

Name of Student: _____

Name of School: _____

Parent's Address: _____

City: _____ State: _____ Zip: _____

Parent's Work Phone: () _____ Home Phone () _____

I am requesting a Driving Eligibility Certificate for my son or daughter: Cases of hardship must reflect specific circumstances that are beyond the control of the student, his or her parents, or the school. The specific hardship circumstances are divided into four categories. For specific examples, please read the back of this form.

(Please circle as appropriate)

- #1: Medical Considerations
- #2: Work-Related Considerations
- #3: Exceptional Children Considerations
- #4: Other Considerations-Please specify

Directions: To be considered for hardship, all information on this form must be complete. Support documents (a letter from a doctor, etc.) will be necessary to determine whether your request will be approved. Briefly explain the circumstances of your hardship request. Include any documents/attachments as needed.

Signature of Parent or Guardian: _____ Date: ___ / ___ / ___

OFFICE USE ONLY

DATE IN: _____ DECISION DATE: _____ ACTION: _____

SCHOOL OFFICIAL _____

(See the back of this form for examples of hardship categories.)