



State of Hawaii
 DEPARTMENT OF EDUCATION
 Office of Curriculum, Instruction and
 Student Support
 P.O. Box 2360
 Honolulu, Hawaii 96804

EXCEPTIONS TO COMPULSORY EDUCATION

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

Telephone Number _____ Address _____
Street City Zip

School _____ Complex Area _____ Grade _____

A. I hereby request that the above named child be withdrawn from school for the _____ school year in accordance with HRS §302A-1132.

Father/Guardian _____ (print or type name) _____ Signature _____ Date _____
 Mother/Guardian _____ (print or type name) _____ Signature _____ Date _____

B. Indicate with an "X" the reason for withdrawal. Choose one (1) option.

	PHYSICAL OR MENTAL REASON(S) Attach certificate of duly licensed physician.
	SUITABLE EMPLOYMENT After age 15. Attach verification of minor's employment status.
	FAMILY COURT Attach verification.
	HOMESCHOOLING The above named child will be homeschooled from _____ (Date)
	ALTERNATIVE EDUCATION Attach professional staff qualifications and child's instructional program. Program Name and Address _____ Phone _____

Approval (Page 1 of the original sent to parents and copy filed at the school of record.)

Principal	Complex Area Superintendent
_____ Approval Recommended	_____ Approval Recommended
_____ Approval Not Recommended	_____ Approval Not Recommended
_____ Acknowledged	_____ Acknowledged
Signature _____	Signature _____
Date _____	Date _____