

**Students
DRESS AND GROOMING**

E 5132

Pasadena Unified School District
Office of the Superintendent

Application for Exemption from the Student Uniform Policy

Name of person submitting this application: _____

Name of Student: _____

Address: _____ Telephone: _____

School: _____ Grade: _____ School Year: _____

I certify that I am the parent or legal guardian of the student named above. I choose not to have my child named above comply with the student uniform policy adopted at my child's school during the current school year. I hereby request an exemption from the student uniform requirement on the behalf of the above-named student for the current school year at the above referenced school, pursuant to Section F of the Board Policy and Education Code 35183 which stipulates that parents/guardians may exempt their child from wearing a school uniform.

The reason for my application for this exemption is as follows:

I understand that the exemption will be effective after I have met with the designated school site administrator as set forth in Section F of the Board Policy.

Signature of Parent/Guardian _____ Date of Request _____

Signature of School Administrator _____ Date of Conference _____

Signature of School Administrator _____ Date of Approval _____

PASADENA UNIFIED SCHOOL DISTRICT
Pasadena, California