



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A. I hereby request that the above named child be withdrawn from school for the \_\_\_\_\_ school year in accordance with HRS §302A-1132.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