

Driving Eligibility Hardship Request
(To be filled out by parent or guardian)

Name of Parent or Legal Guardian: _____

Name of Student: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Name of School: _____

I am requesting a Driving Eligibility Certificate for my son/daughter: Cases of hardship must reflect specific circumstances that are beyond the control of the student, his or her parent/guardian, or the school. The specific circumstances are divided into four categories.

(Please Circle as Appropriate)

- #1 Medical Considerations
- #2 Work-Related considerations
- #3 Exceptional Students consideration
- #4 Other considerations – Please Specify

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

Signature of Parent or Guardian _____ Date: _____