

**Wilkes-Barre Area School District
Dress Code Policy**

EXCEPTION FORM

Please print all information except where noted.

Student's Name _____ Date of Birth _____
Address _____ Phone _____

School _____ Grade _____

A. If claiming an exception to the Wilkes-Barre Area School District's Dress Code Policy on the basis of **religion**, please have your spiritual leader complete the following:

Student's religious affiliation _____
Name of above student's spiritual leader _____
Place of worship _____
Address _____
Phone _____

I certify that the above information is true.

Signature of spiritual leader _____ **Date** _____

B. If claiming an exception to the Wilkes-Barre Area School District's Dress Code Policy on the basis of a **medical reason**, please have your physician complete the following:

Medical reason _____
Name of above student's physician _____
Name of practice, if applicable _____
Address of medical practice _____
Phone _____

I certify that the above information is true.

Signature of physician _____ **Date** _____

RETURN COMPLETED FORM TO OFFICE OF BUILDING PRINCIPAL