

**ELMORE COUNTY BOARD OF EDUCATION
HARDSHIP REQUEST FORM**

School Year _____ to _____

When completing this form, please print except when you sign your name.

Student's name _____ Present School _____

Address _____ Telephone Number _____

Student's parent/guardian _____

School you wish to attend because of hardship _____

Please print your reasons and explanations for requesting a hardship on the lines below:

If you need more space, please use the back of the form to finish writing your reasons and explanations.

Parent/Guardian's Signature _____ Date _____

TO BE COMPLETED BY THE OFFICE OF THE SUPERINTENDENT OF EDUCATION

___ The Superintendent of Education has approved hardship.

___ The Superintendent of Education has denied hardship.

Superintendent's Signature _____ Date _____

*Please note, by Court Order, hardships are granted for one scholastic school year.