 **CAMDEN CITY SCHOOL DISTRICT**

201 N. FRONT ST, CAMDEN, NEW JERSEY 08102

856-966-2000 ● www.camden.k12.nj.us

Paymon Rouhanifard

Superintendent

**JUSTIFICATION FOR: WAIVER**

**Date:** Click here to enter a date.

**To:** Camden County Supervisor

**From:** Camden City Schools, Senior Director of Special Services

**Re:** Click here to enter text. ID# Click here to enter text. DOB: Click here to enter text.

**Check the appropriate box:**  Age Range  Group Size

**The following items must be completed prior to submitting the request for WAIVER:**

1. Describe how the granting of the exception would not interfere with the delivery of a free, appropriate public education to the student or other students in the group.

Click here to enter text.

2. Indicate the date(s) that the notices were sent to the parents of students with disability or the adult students.

Click here to enter a date. Click here to enter a date. Click here to enter a date.

*Completed by:*

Choose an item.

**UPLOAD THIS COMPLETED FORM TO THE STUDENT’S IEP DIRECT DOCUMENT REPOSITORY.**