

Graduation Waiver

Date: _____

Re: Student name: _____

Study period in Burnaby School District: _____

I/We, the parents of the above-named student, understand and agree that Burnaby School District cannot guarantee my/our child will be able to graduate in one academic year (10 months) while studying as above in Burnaby.

Signed this day: _____

Parent Name: _____

Signature: _____

Parent Name: _____

Signature: _____