



### Hardship Waiver Hearing

Name of Student: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Student ID Number: \_\_\_\_\_

#### Guidelines for Approval of Hardship Waiver

The purpose of a hardship waiver hearing is to review the pending suspension of a student’s driving privilege. By approving a student’s request for a hardship waiver, the school district is providing the student an opportunity to maintain his or her driving privilege during the period of time it takes the student to comply with the requirements of section 322.091(1), Florida Statutes.

The school principal or designee shall waive the requirements of subsection (1) for any minor under the school’s jurisdiction for whom a personal or family hardship requires that the minor have a driver license for his or her own, or his/her family’s, employment or medical care. Consideration should be given to whether there are other licensed drivers residing in the household. The principal or designee shall consider the recommendations of teachers, other school officials, certified school counselors, or academic advisers before waiving the requirements of subsection (1).

Does the student live at home? ..... Yes  No

If student is independent, show proof (attach)

Does the household depend on the student’s income to be a substantial ..... Yes  No   
 financial contribution (over 51%) for his or her livelihood or family’s needs?

Is there anyone in the household with a serious medical condition? ..... Yes  No

How does this medical condition affect the student? \_\_\_\_\_

What are all the means of transportation for the person with the medical condition? \_\_\_\_\_

What is the student’s current year attendance? \_\_\_\_\_

What is the student’s attendance history? \_\_\_\_\_

Is there a pattern of non-attendance in current or past years? ..... Yes  No

When did the pattern of non-attendance begin?.....

Does the student provide a substantial financial contribution for his or her ..... Yes  No   
 livelihood or his or her family’s needs?

Does the student have a need for transportation, for the student or his or her ..... Yes  No   
 immediate family members living in the same household, to access  
 required medical treatment?

Hardship Waiver APPROVED  DENIED

Effective until (next review date) \_\_\_\_\_ which is sufficient time to allow the student to complete 30 days of school attendance. Waiver will be reviewed 90 days after approval, and the circumstances of the waiver will be reviewed to see if the need still exists.

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_