

## **Waiver of the Florida Child Labor Law**

### **for students of Wakulla County School District**

Chapter 450, Part 1, of the Florida Statutes allows for the partial waiver of certain aspects of the Child Labor Law.

#### **Waivers may be granted based on the following:**

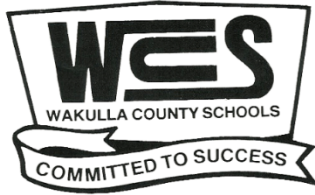
- Court Order (copy must be attached)
- Financial Hardship (written statement from parent/guardian)
- Medical Hardship (written statement from parent/guardian)
- School status (written documentation detailing school status)
- Other Hardship (written statement from parent/guardian)
- Entertainment Industry

In order to comply with the regulations regarding the issuance of such a waiver, the following procedure should be followed.

A. After receiving a completed waiver application, (the application must be signed by the student, parent and employer) the principal is to determine that granting such a request would clearly be in the minor's best interest and would not adversely affect the student's ability to perform adequately at school. If the principal signs the application for waiver it then is forwarded with all support documentation to:

**Angela Walker, Chief Human Capital Officer, Wakulla County School District, P.O. Box 100,  
Crawfordville, FL 32326**

B. Upon receipt of the waiver request and documentation, Angela Walker will review the application and support documentation for compliance and determine if all conditions have been met. Providing all parties are in compliance, and the waiver is clearly in the best interest of the minor Angela Walker will grant the waiver and forward a copy to all parties involved. The original will remain in the custody of Angela Walker (Office of Record). Waivers are valid for one year from the date of granting and must be renewed until the minor turns 18 years of age



Wakulla County School District
Application/Authorization for Partial Waiver of the Florida Child Labor Law
For Superintendent or Designee Issuance Only

Pursuant to Chapter 450. Part 1 Florida Statutes, the minor named below, due to their life's extenuating circumstances is requesting a partial waiver to the Florida Child Labor Law.

(Type or print in ink)

- 1. Name of minor
2. Date of minor's birth (Proof required)
3. Address of minor
4. School minor attends
5. Name of employer
6. Address of employer
7. Expiration date of waiver
8. Employer contact and phone number
10. Nature of work minor is to be performing
11. A partial waiver is requested that allows: (Check circles(s) where appropriate)

- o Work up to 18 hours a week (14-15 yr. olds)
o Work up to hours without a break
o Work in a hazardous occupation (16-17 yr. olds)
o Requires enrollment in an approved training program and additional application document.
o Work more than 30 hours a week (16-17 yr. olds)
o Work during regular school hours (16-17 yr. olds)
o Work past 11:00 p.m. on day preceding a school day(16-17 yr olds)
o Other: Be Specific

Required Signatures:

Student: Date:
Employer/Title: Date:
Parent/Guardian: Date:
School Principal: Date:
Distance Learning: Date:

By my signature, I hereby grant this partial waiver as stated above to the Florida Child Labor Law.

Date: (Valid for one year.)

(Superintendent Designee for Partial Waiver to Florida's Child Labor Law), Wakulla County School District