



Ware County Hardship Application

Date: _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____ **Work:** _____ **Cell:** _____

Current School: _____

Requested School: _____

State reason(s) for hardship:

.....

(Student Service Office Completion Only)

Ware County Office Staff Only: Accepted _____ **Denied** _____

Directives:

Student Service Director's Signature: _____ **Date:** _____