



Student Registration Center
Cambridge Rindge & Latin School
459 Broadway • Cambridge, MA • 02138
Tel. 617.349.6551 • Fax. 617.349.6552
SRC@CPSD.US • <http://www.cpsd.us>

Hardship Appeal Form

Please submit this form with documentation to the Student Registration Center. Your Hardship Appeal hearing will not be scheduled without supporting documentation.

Student's Name: _____

Current School: _____ Grade: _____

Parent/Legal Guardian Name(s) **: _____

Address*: _____ Zip Code: _____

Telephone - Home: _____ Work: _____ Cell: _____

Email Address(es): _____

* The address must be the domicile (where the person lives) ** A parent or legal guardian having legal custody of the student

Reason for Hardship Appeal: Please describe the reason for your Hardship Appeal. You may attach a letter to this form (up to 1 page). Additional documentation to support your hardship is **required** (Please see Step One, #1 on the 'Hardship Appeals: Instructions' page for additional documentation suggestions).

Please read and sign: I certify that all information on this form is true and accurate to the best of my knowledge. I understand that if the address or child's custody changes, I must notify the Cambridge School Department – Student Registration Center in writing.

Parent/Legal Guardian's Signature

Date

PLEASE DO NOT WRITE IN THIS SPACE OFFICIAL USE ONLY

SID#: _____ SES: _____ WL: _____

Granted _____

Not Granted _____