

Parent Signature _____
Parent Phone # (h) _____ (w) _____ (c) _____

**Leesville Road High School
Senior Exam Exemption Waiver Request**

Name _____

Date(s) of Absence senior is requesting not to count against him/her for the purpose of the Exam Exemption Policy: _____

Reason _____

Please write a brief explanation on the line(s) above. Please attach a doctor's note to this form if the exception you are requesting is due to a medical situation. There are already absences allowed with the Senior Exam Exemption Policy, so this needs to be an **EXTENUATING** circumstance.

Student: You must have your teachers complete this form, then return it to the **Main Office**. It will then be given to the principal, who will review it for approval based on the reason for the absences that are over those allowed by the Senior Exam Exemption Policy, your current grades, teacher comments and your additional absences. You will be notified in a few days of the results of the request. **Keep in mind that there were no exceptions in the past including the flu, extended illnesses, broken bones, surgeries, college visits, etc., so not all requests will be granted.**

<u>Subject</u>	<u>Current Grade</u>	<u>Attendance</u>	<u>Teacher Signature</u>
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Block 1 _____

Block 2 _____

Block 3 _____

Block 4 _____

Approved _____

Not Approved _____

Principal

Date