

Exam Exemption Signature Form

Student Name: _____ ID#: _____ Grade: _____

Period	Class	Grade	Teacher Approval Signature & Date	Teacher Signature for Exam Exemption Completed
0				
1				
2				
3				
4				
5				
6				
7				
8				

***Students must keep the signed Exemption forms and have the teachers sign again when the exam exemption has been completed.**

**** Teachers, if you are the last student's exam exemption, you must keep the form and turn it in to Mrs. Garfias in the Counseling Suite at the end of the day.**