

**Glide School District 12**

Code: **IGBHD-AR**  
Reviewed: 12/1/95

**Request for Exemption**

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

Class from which exemption is requested \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested Alternative \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Student

Principal's recommendation:

\_\_\_\_\_  
Principal's Signature

Alternative we agreed on: