

Grants Pass School District 7

Code: **IGBHD-AR**
Adopted: 10/1/93
Readopted: 2/24/04
Orig. Code(s): JEG-AR

Exemption Request

Student Name: _____ DOB: _____

School: _____ Grade: _____

Parent/Guardian: _____ Phone: h/ _____ w/ _____

Address: _____

Request exemption from _____
class/activity

Reason for the request: _____

Suggested alternative and its educational advantages: _____

Parent signature: _____ Date: _____

Principal evaluation of the alternative and the recommendation: _____

Upon completion of the alternative, credit will be granted.

Principal signature: _____ Date: _____

c: Parent
Student File