



Soaring to Excellence...

Brandon Bates, High School Principal

REQUEST TO TAKE EARLY EXAM(S)

Date: _____

Name of Student: _____ Grade: _____ Hr(s): _____

Name of parent or guardian making request: _____

Reason for request [please summarize why there is a need to take the exam(s) early...family, medical, legal or emergency situations only will be approved]:

Note: the principal’s pre-approval for this request is required, but even then there may be extenuating or special circumstances whereby the individual teacher may need to make an additional adjustment in order to accommodate the student-parent-guardian request, including but not limited to taking the exam after the exam date, taking an “I” until the exam can be made up at a time conducive to the instructor, and/or mutually agreeing to forfeit the exam and accepting the grade earned at time of request.

Signature of parent/guardian: _____ Date: _____

Not approved / Approved by

Signature of building principal: _____ Date: _____