



Semester 2 Exam Exemption Waiver Form 9th-11th

Student Name: _____ Grade _____

Attendance Incentive Policy

Philosophy: Regular attendance in class directly affects learning and teaching. In order to encourage regular attendance, the following incentive for good attendance will be instituted.

- Any Student who has three (3) or less total absences in a class and has no unexcused absences **AND** has no suspension days (in or out), **AND** has not been tardy more than twice per semester **AND** has attained at least a 90% average for 2nd semester **as of Friday, June 2nd** :
 - ✓ He/She will be permitted to be exempted from the semester final exam in the class
 - ✓ However, **all students must take three (3) exams per semester**
 - ✓ Tardy means the student is not in the classroom when the tardy bell rings and class begins

➤ Note: It is to be understood that this is an incentive program that includes privileges and rewards, not rights. No exceptions are to be made for not meeting the required criteria. Attendance will not be changed to allow student to meet requirements.

Students: Have your parent/guardian sign the form **BEFORE** you obtain teachers signature. All completed forms **MUST** be turned in to the office no later than the end of the school day on **Wednesday, June 7th** **ANY FORM ALTERED OR FORGED SIGNATURES WILL BE CONSIDERED UNACCEPTABLE WHICH WILL DISALLOW EXAM EXEMPTION. You must remain in the class for the entire exam period.**

Date	EXAM TIME	SUBJECT	SIGNATURE FOR APPROVAL TO EXEMPT	TEACHER: Please fill in boxes for your class period for 2 nd semester			
				# of Tardies	# of UA	# of EA	% grade as of June 2nd
Mon 6/12	6th Hour Exam 7:30 – 9:05		Parent: _____				
			Teacher: _____				
Break	9:05 – 9:25						
Mon 6/12	5th Hour Exam 9:30 – 11:05		Parent: _____				
			Teacher: _____				
Tues 6/13	4th Hour Exam 7:30 – 9:05		Parent: _____				
			Teacher: _____				
Break	9:05 – 9:25						
Tues 6/13	3rd Hour Exam 9:30 – 11:05		Parent: _____				
			Teacher: _____				
Wed 6/14	2nd Hour Exam 7:30 – 9:05		Parent: _____				
			Teacher: _____				
Break	9:05 – 9:25						
Wed 6/14	1st Hour Exam 9:30 – 11:05		Parent: _____				
			Teacher: _____				

Parents:

- No exam exemptions will be granted without this signed form turned into the office **NO EXCEPTIONS!**
- **Your signature acknowledges that your child must report for those exams they DO NOT exempt from.**
- Students will NOT be released early from exams they **must remain in class for the entire exam period.**
- **Be sure your child is well rested and on time.**
- **If they are on campus and exempt we will place them in a study hall environment (Media Center/Lab).**

I give my son/daughter _____ permission to leave campus during the exempted exam periods and not be in school when they are exempted.

Parent Signature: _____