



CHIGNECTO-CENTRAL REGIONAL CENTRE FOR EDUCATION

| | | | | |
|--|--|------------------------------|-----------------------------|---------------------|
| | | SEMESTER | ONE | TWO |
| STUDENT'S NAME | | GRADE | | |
| EXEMPTION REQUESTED IN | | | | |
| SUBJECT | | TEACHER'S NAME | | |
| PARENT/GUARDIAN SIGNATURE | | | | |
| ADMINISTRATIVE USE ONLY | | | | |
| CRITERIA CHECK | | | | |
| NO MORE THAN SIX ABSENCES CODED AS "E" | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| ZERO ABSENCES CODED AS "U" | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| ZERO OUT-OF-SCHOOL SUSPENSIONS ("OSS") | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Criteria #7 Students must have completed all major assessment components in each of their courses. | | | | |
| Subject | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | TEACHER'S SIGNATURE |
| Subject | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | TEACHER'S SIGNATURE |
| Subject | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | TEACHER'S SIGNATURE |
| Subject | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | TEACHER'S SIGNATURE |
| Subject | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | TEACHER'S SIGNATURE |
| APPROVED | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| APPROVAL SIGNATURE | | DATE | | |

PROCEDURE

1. STUDENT SUBMITS COMPLETED FORM ON JANUARY 9, 10, 11 (FIRST SEMESTER) AND MAY 29, 30, 31 (SECOND SEMESTER).
2. ADMINISTRATION COMPLETES CRITERIA CHECK AND MAKES APPROPRIATE DECISION REGARDING APPROVAL.
3. SCHOOL WILL POST EXEMPTION LIST ON JANUARY 16 (FIRST SEMESTER) AND JUNE 7 (SECOND SEMESTER)
4. ATTENDANCE WILL CONTINUE TO BE MONITORED BETWEEN SUBMISSION OF THIS FORM AND EXAM DATE.
5. **PLEASE NOTE: ANY OUT OF SCHOOL SUSPENSION AFTER SUBMISSION OF THIS FORM MAKES THE REQUEST NULL AND VOID.**