

*An EXEMPTION of a final exam is an earned privilege for those students who have successfully met the criteria below. EXEMPTIONS may be forfeited up to the day of the final exam if Academic, Attendance, and/or Conduct criteria no longer meet the criteria for the exemptions.*

Printed Student Name \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**General Information:**

- The WAIS Final Exemption Agreement Form must be submitted to the appropriate grade level box in the Upper School Office no earlier than **May 13<sup>th</sup> and no later than May 16<sup>th</sup> at 2:30 pm**. Exemption Forms **Will Not** be accepted after the deadline.
- Students must pick up approved Final exemption Agreement Forms prior to the first day of testing, or the exemption will be voided.
- **Submitted WAIS Final Exemption Agreement Forms will be reviewed and documentation will be verified by the Assistant Director prior to final approval.**

**Teacher Action Requirements:**

- By signing this exemption form, you acknowledge the student has met all of the above final exam exemption requirements in your class.
- The teacher is responsible for checking student attendance, not the Attendance Officer.
- **Attendance is auditable data and cannot be modified. Do not ask to make changes to attendance.**
- If a student loses an exemption before the day of the final exam, the teacher is responsible for notifying the student that the student must take the final exam or will receive a zero.
- If the student has met all of the requirements, and the student requests the exemption, the student will be granted the exemption.

**Please PRINT Clearly in this Section**

I, \_\_\_\_\_, wish to be exempt from the fall final exam listed below. I understand I must meet all of the requirements of the exemption policy up to the date of the exam in the exempted class.

Class Period of Course to be Exempted	Course Name to be Exempted	Attendance Cleared by Teacher (Yes or No)	Teacher's Name Printed	Teacher's Signature	Current Grade in Class to be Exempted

**Personal Project Supervisor: Cheryl Wegscheid**

***I have verified that the student has met all the Personal Project Requirements.***

**Personal Project Program Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Library Cleared: Yes or No \_\_\_\_\_ Kelly Kiehnhoff Signature of Librarian: \_\_\_\_\_ Date: \_\_\_\_\_**

**Student Signature: \_\_\_\_\_ Parent Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_**

**Date Approved: \_\_\_\_\_ Assistant Director's Signature: \_\_\_\_\_**

**Date Rejected: \_\_\_\_\_ Assistant Director's Signature: \_\_\_\_\_**