

**TRADITIONAL LEARNING MEDICAL EXEMPTION FORM**

**Barbers Hill Independent School District**

9600 Eagle Drive, Mont Belvieu, Texas 77523 Telephone (281) 576-2221

*PLEASE PRINT AND COMPLETE ONE FORM PER STUDENT*

**Student Information:**

Date:	Grade Level:	BHISD Campus:	
Student Name:			
(Last)		(Jr., III, etc.)	(First) (Middle)
Parent/Guardian Name:			
Home Address:			
(House # and Street)		(City)	(State) (Zip Code)
Home Phone: ( ) -	Cell or Work Phone: ( ) -		

**Exemption Questionnaire:**

1. Does your child have a significant, extenuating medical condition that impacts his or her ability to attend school in person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Supporting medical documentation describing the need for exemption is required. Please attach and provide further explanation.)	
2. Does someone residing in your child's household have a significant, extenuating medical condition that impacts his or her ability to attend school in person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Supporting medical documentation describing the need for exemption is required. Please attach and provide further explanation.)	

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Based on the information provided in this Traditional Learning Medical Exemption Form, the Student Services Director will decide whether the exemption is granted. Parents with more than one student enrolled in the District will need to fill out a separate form for each student. Forms should be submitted to the Student Services Department at [mmalone@bhisd.net](mailto:mmalone@bhisd.net).