

REQUEST FOR EXCLUSION FROM SCHOOL PROGRAM

Student Name _____

Length of Time Requested for Exclusion _____

School _____ Grade _____

Address _____

Request: _____

Reason for Request: Please state which activities or studies violate your religious beliefs. Please state which religious beliefs are the basis for your request: _____

State proposed alternate activity or study: _____

Parent/Guardian Signature _____

Date _____

Principal Signature _____

Comments: _____

Approved: May 2, 1995

Reviewed: April 27, 2004
April 28, 2009
May 28, 2013
April 24, 2018
May 23, 2023

Revised: April 9, 2001