



## MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

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*Roberta A. Gerold, Ed.D., Superintendent of Schools*  
*James G. Donovan, Assistant Superintendent for Human Resources*  
*Beth A. Rella, Ed.D., Assistant Superintendent for Business*  
*Jonathan Singer, Assistant Superintendent for Instruction*

### EXEMPTION FROM DIPLOMA ASSESSMENT REQUIREMENTS FOR A MAJOR LIFE EVENT

This original completed form, signed by the superintendent, must be retained in the student's permanent record.

#### Student Information:

Student name:	Student #:
School District: Middle Country CSD	BEDS Code: 580211060000
Name of person requesting exemption:	Contact number / email for person requesting exemption:
Date form completed:	Anticipated diploma conferral date:

#### Affected Diploma Assessment Requirement(s):

Please list diploma assessment requirements) for which exemptions are being requested

Diploma Assessment:	Intended Administration Date:

#### Eligibility Conditions:

I hereby certify that the student was enrolled in a course of study or makeup program leading to a required diploma assessment and (both must be true to proceed):

- ☐ The student met or exceeded the expected learning outcomes for the course of study.

AND

- ☐ A major life event has significantly impacted or prevented the student from participation in a required diploma assessment.

**Description of Major Life event:**

Use the space below to provide a detailed description of the major life event that significantly impacted or prevented the student from participation in a required diploma assessment. Please attach additional pages as needed along with any other supporting documentation:

**Consent:**

To be completed by the parent/guardian for a student under the age of 18 or the student if over 18 years of age (select only one):

- ☐ I hereby consent to this request for my child/myself to be considered for an exemption from a diploma assessment requirement due to a major life event. I recognize that an exemption cannot be granted until credit has been granted for the associated course, and that the Superintendent makes the final decision to grant or deny the exemption.

OR

- ☐ I hereby refuse this request. I do not wish for my child/myself to be considered for an exemption from a diploma assessment requirement due to a major life event.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Principal's recommendation:**

- ☐ After review of this request and associated evidence by the building committee I recommend that this request be reviewed by the district committee.
- ☐ After review of this request and associated evidence by the building committee I do not recommend that this request be reviewed by the district committee.

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**Superintendent's determination:**

- ☐ I hereby attest that it is my determination as the superintendent of schools that this student **WILL NOT** be awarded an exemption from the diploma assessment requirement(s) requested on this form.
- ☐ I hereby attest that it is my determination as the superintendent of schools that this student **WILL** be awarded an exemption from the diploma assessment requirement(s) requested on this form.

\_\_\_\_\_  
Printed Name of Superintendent

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date