



**Johns Creek High School
Test Reschedule Request Form**

STUDENT NAME _____

The student above is currently scheduled to have three or more tests administered on the same date. Students may petition to postpone one of these tests by one day in the course of their choice. The student acknowledges that the postponed test must be completed by the next school day and may need to be scheduled to be taken outside of the regular class period.

Teacher signatures below verify that the student above is, in fact, scheduled to take a test on the date indicated. Teachers should not sign this form if the request is inside of the two day window.

COURSE	DATE OF TEST	TEACHER SIGNATURE & DATE

I AM REQUESTING TO RESCHEDULE THE TEST FOR WHICH COURSE _____

This form must be submitted to Ms. Kolosna in the Assistant Principals' Office at least two days prior to the original test date. Upon submission of this request, if a teacher has decided to postpone their course's test, the request for rescheduling is null and void.

The student & parent signatures below acknowledge and agree to the following:

- This request must be submitted at least two days prior to the originally scheduled test date
- This request may only be used for in-class tests (not quizzes, projects, presentations, etc.)
- This request may only be used to reschedule one test by one day
- The rescheduled test must be completed by the end of the next school day

STUDENT SIGNATURE

PARENT SIGNATURE

DATE RECEIVED IN THE ASSISTANT PRINCIPAL'S OFFICE