

School Name: _____

Counselor Name: _____

Parent/Guardian Signature: _____ Date: _____

- ☐ 1. Works where income supports their family
 - *Adding classes would reduce the hours the student works and thereby reduce the student's needed support for the family.*
- ☐ 2. Primary caregiver of children in the family after school or student is a parent/guardian of one or more children
 - *Adding courses to the student's schedule would cause additional hardship/costs to the family by having to hire outside childcare.*
- ☐ 3. Primary caregiver of an infirm parent/guardian or family member
 - *Adding courses will cause the family hardship/costs to provide care by an outside provider if the student is not available.*
- ☐ 4. Has an Individualized Education Program (IEP) or Section 504 Plan that states the student be enrolled in a reduced academic load

Assistant Principal Signature: _____

Principal Signature: _____

- Deliver form with parent/guardian signature to the assistant principal for approval.
- Deliver form with assistant principal signature to the principal for approval.
- Once approved, the form is uploaded to the Google Team Drive titled “Academic Load Exemption Form Submission” under the appropriate school name.
- Schools are only to use the Senior Academic Load Exemption Form provided as a PDF and revised 6/2025.