MID - TERM EXAM EXEMPTION APPLICATION and PERMISSION TO LEAVE 2025-2026

High School Exams are January 20 - January 23, 2026

STUDENT NAME: _____ GRADE:_____

STUDENT SIGNATURE: _____

Due to changes in our lunch program, Gilbert will be offering lunch during the Half-Day Exam week. By signing below, I grant permission for my child to be excused/dismissed from school once they have completed their required exams. My child will not be present for any exams they are exempted from, as well as study hall, advisory and lunch periods. Please note, if a child leaves school before the end of the scheduled day, that transportation will NOT be provided; buses will only run at the regularly scheduled time. It is up to the parent/student to get transportation home if they leave early.

Permission to Leave after Exams
PARENT/GUARDIAN SIGNATURE: _____

EXEMPTION CRITERIA

EXEMPTIONS APPLY TO MID TERM EXAMS IN <u>SEMESTER</u> COURSES ONLY

<u>STUDENTS MUST HAVE AT LEAST A 90 AVERAGE IN THE CLASS BEING EXEMPTED</u>

Seniors:	May exempt ALL semester exams
Juniors:	May exempt three (3) semester exams
Sophomores:	May exempt two (2) semester exams
Freshmen:	Must take all semester exams

Exam 1	7:45 - 9:20
Exam 2	9:35 - 11:10
HS Lunch/MS Advisory	11:13 - 11:43
MS Lunch/HS Advisory	11:46 - 12:16

This form is due to Mrs. Steeves in the Guidance Office by 2:16 pm
On Wednesday, January 14, 2026

Permission to Exempt Exams
PARENT/GUARDIAN SIGNATURE: _____

ADMINISTRATOR SIGNATURE: _____

Revised 12/5/26 SB

Course Name:________________________________ Period:______ Semester Average:______

Teacher's signature: ____(Indicates Approval)

Course Name:________________________________ Period:______ Semester Average:______

Teacher's signature: ____(Indicates Approval)

Course Name:________________________________ Period:______ Semester Average:______

Teacher's signature: ____(Indicates Approval)

Course Name:________________________________ Period:______ Semester Average:______

Teacher's signature: ____(Indicates Approval)

Course Name:________________________________ Period:______ Semester Average:______

Teacher's signature: ____(Indicates Approval)

Course Name:________________________________ Period:______ Semester Average:______

Teacher's signature: ____(Indicates Approval)

Course Name:________________________________ Period:______ Semester Average:______

Teacher's signature: ____(Indicates Approval)

This form is due to Mrs. Steeves in the Guidance Office by 2:16 pm
On Wednesday, January 14, 2026.

NO EXCEPTIONS WILL BE MADE FOR LATE FORMS.

Revised 12/5/26 SB