



Exemption for Cause

Full Name: _____ Date: _____
Last First M.I.

Student ID: _____ School: _____

Parent/Guardian

Name:

Parent/Guardian

Signature: _____ Date: _____

Please select from the four reasons for cause below:

- ☐ I certify that my child, named above, works and partially or fully supports our family and adding classes would reduce the hours the student works and thereby reduce the student's needed support for our family.
- To use the works to support the family exemption the student must provide a paycheck stub to the school if his/her employer provides one
- ☐ I certify that my child, named above, takes care of his/her child or my younger children (check one). My child is needed to provide child care for the family and adding courses to the student's schedule would cause additional hardship/costs to the family by having to hire outside childcare.
- ☐ I certify that my child, named above, takes care of an infirm parent/family member. If my child is required to take extra courses this will cause the family hardship/costs to provide care by an outside provider if the student is not available.
- ☐ My child has as an IEP or 504 that delineate a reduced academic load.
- If the IEP/504 exemption is used, the reduced academic load must be written into the IEP/504.

School Only:

Received Date: _____

Superintendent

Signature: _____ Date: _____

Next Steps:

Scanned into SharePoint

Form is Sent Electronically to Senior Director, Student Accounting

Signed form is returned to school and scanned to SharePoint