



Exemption for Cause for a Reduced Academic Load

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

Student ID: _____ School: _____

Potential Classes to be dropped if approved
based on satisfactory review of graduation requirements: 1st: _____ 2nd: _____

Parent/Guardian

Name: _____

Parent/Guardian

Signature: _____ Date: _____

The student must be enrolled in a full academic load until this exemption has been approved by Student Accounting.

Please select from the four reasons for exemption below:

☐ I certify that my child, named above, works to support our family. A full academic load would reduce their ability to provide support for our family.

- To use this exemption, the student must provide a verification of employment (paycheck stub) to their counselor. The counselor must then send the current check stub (not more than a month old) to Student Accounting.

☐ I certify that my child, named above, takes care of the student's own child or my younger children or younger children in our immediate family. My child is needed to provide childcare for the family and a full academic load 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. A full academic load would cause the family hardship/costs to provide care by an outside provider if the student is not available.

☐ My child has as 504 that delineates a reduced academic load. The student must be enrolled in the courses necessary to be a graduate in June of the student's cohort year.

- To use this exemption, you must provide a copy of the 504. The exemption will not be approved without a copy of the 504.

☐ My child has as an IEP that delineates a reduced academic load. The student must be enrolled in a full academic load until this exemption has been approved by Student Accounting and the Special Education Administrator. Once approved the student's academic load can be reduced to the courses necessary to be a graduate in June of the student's cohort year.

- To use this exemption, you must provide a copy of the IEP. The exemption will not be approved without a copy of the IEP.

Special Education Administrator Approval:

Signature: _____ Date: _____

Student Accounting Approval:

Superintendent

Designee

Signature: _____ Date: _____