



**School Counseling Department**  
184 Hancock Road • Peterborough, NH 03458  
Tel: 603-924-4120 Fax: 603-924-2325

## Exemption From Academic Policy/Procedure

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
ID

\_\_\_\_\_  
Grade

Please state the nature of your request to be exempt from academic policy/procedure. **Please be specific.**

Check one:

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
School Counseling Director Signature

\_\_\_\_\_  
Date

\_\_\_\_ Approved

\_\_\_\_ Disapproved

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date