

Chemistry or Physics Exclusion Documentation

File with Student's Permanent Record

Parent or Guardian Name _____

Student Name _____

Year of Student _____

I have met with _____ to discuss the option of
(school counselor or administrator)

my son or daughter taking the following course _____

instead of _____ to meet the graduation

requirements adopted by the board of education in November 2009.

Parent or Guardian Signature _____

School Official Signature _____

Date _____

Note: The courses that the student is planning to take should be reflected in his or her personal learning plan.