



# Central High School

Principal – Chris Testone  
Assistant Principal– Kim Lewis  
Assistant Principal – Kerri McCastland  
Assistant Principal - Sarah Farrington  
Athletic Director – Steven Diversey

## Alternate Final Date Approval Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_ Counselor: \_\_\_\_\_

### Procedure for requesting alternative dates for final exams

1. Submit a letter signed by a parent/guardian stating the reason(s) why the student must take exams at an alternate date. This form must be completed and turned in to the main office for administrative approval at least one week (7 days) before the possible exam date(s). The student must have the signed approval of an administrator before teachers will allow exams to be given on an alternate date. Administrative approval is not guaranteed.

**CHS Administration: Approved \_\_\_\_\_ Denied \_\_\_\_\_**

\_\_\_\_\_  
Date: \_\_\_\_\_  
CHS Administrator Signature

2. If the request is approved; a copy will be given to students to show their teachers; at that time students will make arrangements with teachers to take their exams either before they leave or upon their return. (This is at the discretion of the teacher). Students will only be allowed to take the final during study hall, after school with teacher approval, or during the specific class they are taking the final in. They are not allowed to miss another class to take a final at an alternate date. Without this completed form and administrator approval, students will have to take finals at the regular scheduled time.

**Only fill out the classes you are requesting to take exams on an alternate date.**

Class Period	Class Name	Teacher Name	MakeUp Date Scheduled	Teacher Signature
To be completed by the student	To be completed by the student	To be completed by the student	To be completed by the teacher	To be completed by the teacher

**Parent/Guardian:** I understand that my student will be taking semester exams before the scheduled dates due to unavoidable circumstances as provided by my letter. I also understand that once these exams are administered, they cannot be repeated.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Parent/Guardian Signature

**Student:** I agree to make arrangements that are most convenient for my teacher regarding taking my semester exams before or after the scheduled dates. I take responsibility to be on time & complete my exams to the best of my ability.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Student Signature