

## 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 of 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.