

**San Diego Unified School District
Counseling and Guidance Department**

EXEMPTION REQUEST

Student's Last Name: _____ Student's First Name: _____

Student ID: _____ Birth Date: _____ School: _____

Parent/Guardian: _____ Address: _____

City/Zip: _____ Phone: _____

Ethnic Code: _____ Male/Female: _____ Grade: _____ Magnet/VEEP: _____

Reason for Exemption: _____

Duration of Exemption: From _____ to _____

Describe services provided to student and parent/guardian to assist in decision (i.e., meetings, conferences, phone conversations, schedule changes, counseling, etc.). _____

Describe student's planned educational services during period of exemption (i.e., community college, adult education, etc.). _____

Did student pass the California High School Proficiency Examination (CHSPE)? _____

Does the student wish to disenroll from SDUSD? _____

Signatures / Dates:

Student

Parent/Guardian

School Counselor

Site Administrator

**Forward completed Exemption Request to Counseling and Guidance, Ed Center, Annex 12.
Attach: Transcripts, IEP, ITP, CHSPE scores, etc.**

Approved
Counseling and Guidance Director

Date

Denied
Counseling and Guidance Director

Date

Original – Counseling and Guidance Department file
Copies to – Student, Parent/Guardian, School Counselor