ARISTOI CLASSICAL ACADEMY

SENIOR EXAM EXEMPTION APPLICATION

Student Name: _____
(Print First and Last Name)

The student named above is requesting exemption(s) from the following **final exams.* A teacher's signature indicates that the student currently meets an "A" average in that course for the Spring 2025 semester. The administration will check the student's attendance and behavior record and will communicate to the student and teacher if the student meets these criteria.** ***Any absences or low grades occurring after 5/2/2025 may affect the student's exemption eligibility.***

In order for seniors to be exempt from taking final exams, this form needs to be completed and turned in to Ms. McGaugh by Friday, 5/2/2025, at 4:00PM.

Course Name	Period	Teacher Name (Print)	Teacher Signature

Exemption Requirements:

- No more than two absences (excused or unexcused) for the current semester. Three tardies equal one absence
- An "A" average in that course for that semester
- **No** in school or out of school suspensions

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Students are required to attend school on exam days to be counted present for the day.

Student Signature: _____

Parent Signature: _____ **Date**: _____

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