

KENNETT HIGH SCHOOL

Request to Reschedule Exam(s)

Today's Date: _____

Student's Name: _____
Please Print

Reason for request to reschedule exams: _____

Exam(s) to be rescheduled:

Course: _____ Name of Teacher: _____

Course: _____ Name of Teacher: _____

Course: _____ Name of Teacher: _____

Course: _____ Name of Teacher: _____

Course: _____ Name of Teacher: _____

Course: _____ Name of Teacher: _____

Signature of Parent/Guardian

Print Name of Parent/Guardian

Telephone Contact for Parent/Guardian: _____

Principal's Approval: _____ Date: _____

Copy to: Guidance Counselor _____

Note: Student to receive signed copy of this document once approved in order to confirm with teachers.