

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**SECOND SEMESTER EXAM WAIVER**

Date Rec'd in Admin Office \_\_\_\_\_

Grade \_\_\_\_\_

**First period teacher:** \_\_\_\_\_

**Senior Deadline: Thursday, May 10, 2012**

**Underclassman Deadline: Friday, June 1, 2012**

**Failure to follow the following conditions and procedures for the Exam Waiver option will cause the student to forfeit the waiver privilege.**

Seniors may waiver up to three exams. Underclassmen may waive up to two exams.  
All exam waivers must have teacher approval, student signature and parent signature.

The conditions for a student to be eligible to waive the exam in a class are:

- No Referrals warranting consequences above a verbal warning.
- No more than 3 absences (2 absences on a 4 x 4) (excused or unexcused) and an A average.
- No more than 2 absences (1 absence on a 4 x 4) (excused or unexcused) and a B average.

Students must present their copy of the exam waiver form, showing that it has been approved by the Administration, to the teacher prior to the exam period in order to be awarded the waiver privilege.

\_\_\_\_\_  
**Student Name (print)**

\_\_\_\_\_  
**I.D. #**

<b><u>1<sup>st</sup> Choice Exemption</u></b>	
_____ Approved	_____ Disapproved
Class Title: _____ Period: _____ Current Semester Average: _____%	
Teacher Signature: _____ Student Signature: _____	

<b><u>2<sup>nd</sup> Choice Exemption</u></b>	
_____ Approved	_____ Disapproved
Class Title: _____ Period: _____ Current Semester Average: _____%	
Teacher Signature: _____ Student Signature: _____	

<b><u>3<sup>rd</sup> Choice Exemption (SENIORS ONLY)</u></b>	
_____ Approved	_____ Disapproved
Class Title: _____ Period: _____ Current Semester Average: _____%	
Teacher Signature: _____ Student Signature: _____	

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Administrator Approval

\_\_\_\_\_  
# of discipline referrals