

Early Finals Request Form

TO: Mrs. Connie Morris, Principal
FROM: Parent(s) or Guardian(s) of _____
DATE: _____
RE: Request to have my child take finals early

Please allow _____ to take his/her finals
Student's Name
early due to _____. The finals
State Reason
will need to be completed by _____.

Parent's Signature Date

Connie Morris, Principal Date

Student: After completing this form and obtaining a parent signature, this form must be approved and signed by Mrs. Morris. At that point, you will be responsible to arrange a time to take each of your finals and obtain teacher signatures. When completed, this form **MUST** be returned to Mrs. Stoecklin.

Period 1 _____
Teacher's Signature
Period 2 _____
Teacher's Signature
Period 3 _____
Teacher's Signature
Period 4 _____
Teacher's Signature
Period 5 _____
Teacher's Signature
Period 6 _____
Teacher's Signature
Period 7 _____
Teacher's Signature
Period 8 _____
Teacher's Signature