rev. 08/18

CLARK COUNTY SCHOOL DISTRICT
SENIOR ACADEMIC LOAD EXEMPTION FORM

Student Name: _____ Student Number: _____
Last First Middle

School Name: _____ Counselor Name: _____

Parent/Guardian Signature: _____ Date: _____

GOOD CAUSE EXEMPTION REASON

☐ 1. Works where income supports his/her family
- *Adding classes would reduce the hours the student works and thereby reduce the student's needed support for the family.*

☐ 2. Primary caregiver of children in the family after school or student is a parent of one or more children
- *Adding courses to the student's schedule would cause additional hardship/costs to the family by having to hire outside childcare*.

☐ 3. Primary caregiver of an infirm parent/family member
- *Adding courses will cause the family hardship/costs to provide care by an outside provider if the student is not available.*

☐ 4. Has an IEP or 504 that states the student be enrolled in a reduced academic load

PRINCIPAL REVIEW

Signature: _____

SCHOOL ASSOCIATE SUPERINTENDENT APPROVAL

Signature: _____

SUPERINTENDENT APPROVAL

Signature: _____

Workflow:
- Principal uploads scanned, completed forms via Google Team Drive *Academic Load Exemption Form Submission → Awaiting Signature → School Name*
- School Associate Superintendent uploads scanned, completed forms via Google Team Drive *Academic Load Exemption Form Submission → SAS Signed → School Name*
- Signed form is returned to school by Superintendent's Office via Google Team Drive *Academic Load Exemption Form- Completed Requests → School Name*