

TURTLE MOUNTAIN SCHOOL DIVISION
STANDARD TESTS/PROVINCIAL EXAMS

EXEMPTION FORM

Date _____

Name of Student _____

Birthdate _____

Subject and level _____

School _____

Parents (Guardians):

Father's Name _____

Mother's Name _____

Reason for Exemption (Please be specific/attach necessary documentation) _____

Assessment methods for Evaluation (Please be specific) _____

Signatures of Agreement to exemption.

Student _____ Date _____

Parents _____ Date _____

Subject/Class Teacher _____ Date _____

Student Services _____ Date _____

Principal _____ Date _____

A letter will be sent to Manitoba Education and Training requesting these exemptions.

The original copy of this form will be kept in the student cum file.