## KENNETT HIGH SCHOOL

Request to Reschedule Exam

Today's Date:		<u> </u>	
Today's Date:  Student's Name:  Please Print  Reason for request to reschedule exams:  Exam to be rescheduled:  Course:  Teacher:  Teacher Signature:  Course:  Teacher Signature:  Teacher Signature:  Print page of Parent/Guardian			
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Course:	Teacher:	Teacher Signature:	
Course:	Teacher:	Teacher Signature:	
Course:	Teacher:	Teacher Signature:	
Course:	Teacher:	Teacher Signature:	
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Signature of Parent/Guar	 dian	Print name of Parent/Guardian	
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Principal's Approval:		Date:	
Copy to: School	Counselor	Main Office	