TULSA PUBLIC SCHOOLS HEALTH SERVICES

REQUEST FOR STUDENT EXEMPTION FROM SPECIFIC CLASSES OFFERED BY HEALTH SERVICES

Studen	t Name		Grade		School
I herel	I hereby request that not be required to t during the school year 20				required to take the l year 20
Remarks:					
Date	, 2				
	Parent/Legal Guardian or Person Responsible for Student's Care				
	Address				Phone #
City/State/Zip Code					
Site Administrator's Recommendation:			Director of He	alth Ser	vices' Recommendation:
	Approved]	Approved
	Not Approved]	Not Approved
Signature		Date	Signature		Date