



## ALTERNATE EXAM TIME REQUEST

McLean High School

FAIRFAX COUNTY  
PUBLIC SCHOOLS

1633 Davidson Road  
McLean, Virginia 22101  
703 714-5700  
703 714-5797 FAX

Dear Parent(s)/Guardian(s):

If you are requesting an alternate exam time for your child, please follow the steps below. ***Please note that the teacher determines the date of the exam which may be before or after (summer) the regular schedule.***

Step 1: Complete Section I and submit to the administrator in charge of your child's alphabet.

Step 2: Administrator will approved or deny request and return this form to the student.

Step 3: If approved, student will ask teacher(s) to complete Section III.

Step 4: Student will return form to administrator by **May 28**

### **Section I: To be completed by parent**

Statement explaining the reason for this request:

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

### **Section II: To be completed by alpha administrator.**

(A-G) Mr. Stephen Wojciechowski

(H-N) Ms. Christie Taylor

(O-Z) Mr. Scott Davies

Approved  Denied

\_\_\_\_\_ Administrator Signature

\_\_\_\_\_ Date

### **Section III: To be completed by teacher(s)**

Period	Subject	Teacher Name/Signature	Exam Date
1			
2			
3			
4			
5			
6			
7			

Return to administrator prior to **May 28** in order for this alternate schedule to be accepted.