



Health and Safety Late Form Fee-Exemption Request Sheet

Student Name: _____ Class: _____

Parent Name(s): _____

- Please explain here if your child's health form will be past due, and note the date of your child's Dr. Appointment:

Signature: _____

- Please explain here if your Auto-Liability form will be past due, and note the date of the appointment for your car's inspection:

Signature: _____

- Please explain here if your TB test will be past due, and note the date of your appointment:

- Signature: _____