

CLASSROOM PARTICIPATION EXEMPTION APPLICATION

Due by May 1st of the current year for the following school year. If applying for multiple exemptions, please complete a separate application for each student. Completed requests should be returned to the PCEP Vice President of Classrooms.

Parent/Guardian #1 Contact Information

Name _____

Address _____

Telephone _____

Cell Phone _____

Email _____

Parent/Guardian #2 Contact Information

Name _____

Address _____

Telephone _____

Cell Phone _____

Email _____

Student's Name: _____

Student's Grade Next Year: _____

I am requesting a temporary exemption from in classroom participation for the school year _____ - _____ for the following reasons:

My proposal for meeting the time commitment to the Maplewood Co-op is as follows:

I understand that exemptions to in-class participation are granted by the Maplewood PCEP Executive Committee and that the above application must be re-submitted on an annual basis. I also understand that should my circumstances change and I should again be available to participate in the classroom, it is my responsibility to contact the parent coordinator in my child's classroom and advise of availability.

Signature of Parent

Date