



COMMUNITY SERVICE EXEMPTION

STUDENT NAME: _____

STUDENT ID #: _____

GRADUATION YEAR: _____

Date Submitted: _____

**REASON FOR EXEMPTION - GIVE A DETAILED RESPONSE
AS TO WHY YOU SHOULD BE EXEMPT FROM NBHS
COMMUNITY SERVICE REQUIREMENTS.**

PLEASE ATTACH PROOF OF OUTSIDE RESPONSIBILITY

STAFF ADVISOR CONTACT NAME: _____

STAFF ADVISOR CONTACT EMAIL: _____

STAFF ADVISOR CONTACT PH #: _____

Approved ____ Denied ____ Partially Approved ____

Questions? Contact **Adam Hatch:**
ahatch2@wcpss.net