Corinth Holders High School

6875 APPLEWHITE ROAD, WENDELL, NC 27591
(919) 365-4306 | FAX: (919) 365-4344

Request for Testing Outside of the Exam Window

First Name: _____

Last Name: _____

Student ID Number: _____

Dates of Absences: _____

1st Block & Teacher Name: _____

2nd Block & Teacher Name: _____

3rd Block & Teacher Name: _____

4th Block & Teacher Name: _____

Please attach documentation (reason for the request in detail) to the back of this form. Requests cannot be processed unless documentation is included.

Parent Name: _____

Parent Email: _____

Parent Phone: _____

Parent Signature: _____

Please return the completed form to Ms. Jones, Testing Coordinator in Student Services, as soon as possible. Forms are due by Monday, May 12th.