## St. Catherine's Elementary School

## Request for Exemption or Reduction from the Parent Participation Program

| Family Name:  |                |       | Date:   |
|---|----------------|-------|---|
| Mother's Name   | Phone Numl     | ber   | Email Address   |
| Father's Name   | Phone Numl     | ber   | Email Address   |
| Children's Names  | Grade          |       | I am requesting:  |
|   |                |       | mption from 36 Task Group hours uction from 36 Task Group Hours |
|   |                |       | uction from 30 rask Group Hours                                 |
|   |                | Exer  | mption from Fundraiser Hours                                    |
|   |                |       | Exemption from Task Group Hours and draiser Hours               |
| I am unable to complete my parent participation obligation for the following reasons (give as much detail as possible):   |                |       |   |
|   |                |       |   |
| I am able to do the following:  |                |       |   |
| Signature:  |                |       |   |
| Please note that this form is only a request.  Requests are presented to the Principal, PEC Chair and Priest where a decision will be made. Each request is handled discreetly and evaluated on an individual basis. Partial and full exemptions are valid for one school year and families are required to reapply if their situation persists and need to be considered again for the following year. |                |       |   |
| Office Use Only   |                |       |   |
| <ul> <li>Exemption from 36 Task Group hours</li> <li>Reduction from 36 Task group hours.</li> <li>Exemption from Fundraiser hours</li> <li>Full Exemption from Task Group and I</li> </ul>  | Required to do | hours |   |
| PEC Chairperson Signature:  |                | Date: |   |