

## Exception Day Request

### Event Information

School Name: \_\_\_\_\_

Employee Contact: \_\_\_\_\_

Event Title: \_\_\_\_\_

Date of event: \_\_\_\_\_

Times of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

Detailed description of event:

*You must submit requests for exceptions a minimum of two weeks prior to the day of the event.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### DISTRICT DECISION

☐ Approved

☐ Rejected

Comments:

\_\_\_\_\_  
*DAC Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*DAC Name (Printed)*

\_\_\_\_\_  
*DAC Title*