



Exceptional Student Agreement

Student Name: _____ Student Date of Birth: _____

Exceptionality: _____ Date of agreement: _____

Type of Exceptional Student Form: IEP 504 other

ACCOMMODATIONS

- Flexible Seating (the student may move within the room for better learning at the teacher's discretion. IE closer to the board or closer to the teacher)
- Extra time on test not to exceed the end of the school day
- Extra time on assignments not to exceed two class periods or the end of grading period.
- Tutoring as needed when recommend by teacher or failing grades when available
- One retake test and/or quizzes with failing grades (D/F grades)

I _____ the parent or legal guardian of _____

- ✓ Understand that Lighthouse Private Christian Academy does accept exceptional students on a case-by-case basis, and will only provide limited accommodations, listed above.
- ✓ It is the parent's responsibility to keep the student's Individual Education Plan, 504 or other exceptional student form current with the local school district/ providing agency.
- ✓ This form will remain active until the student graduates or withdraws from Lighthouse Private Christian Academy

SIGNATURES

Guardian #1 Name: _____ Signature: _____

School Official: _____ Official Signature: _____

Lighthouse Staff Comments/ Notes:
