

Department of Child Welfare & Attendance PARENT REQUEST FOR EXTENUATING CIRCUMSTANCES

NOTE: This form MUST be completed if your child did not meet the attendance requirements (**167 days** for Elementary and Middle school student and **83.5 days** per semester for High School students).

Student's Name:	Student's Name: D.O. B.:	
School:	Grade:	ID#:
Phone: (Home) (Work)	(Cell) _	(Other)
Parent/Guardian:	Date of Request:	
Address:		
ATTENDA	NCE HISTORY	
NUMBER OF ABSENCES:	Excused	Unexcused
Please attach a copy of	f your child's Report (Card.
REASON(S) FOR ABSENSES	DOCMENTATIONREQUIRED	
(Please circle specific reason(s)	(Please attach paperwork)	
Illness (Student or Immediate Family)	Doctor's excuse Hospital/ Medical Forms Detailed written statements from parent or Guardian (required)	
Discipline	Discipline Center Form Discipline Center Attendance Report	
Other *Death of a close family member *Family Crisis	Written Statements explaining situations	
For Office Use Only Date received in CWA:		
<u> </u>	Oate: Oate:	
Reason:		
Supervisor's Signature:	Date:School Notified of Decision	

<u>Please attach all supporting documentation and submit the completed form to your school's attendance clerk as soon as possible.</u> The school will then forward your request to the Child Welfare and Attendance Office. For Further information, please call 225.774.5795.