



Department of Child Welfare & Attendance
SCHOOL REQUEST FOR EXTENUATING
CIRCUMSTANCES

Please complete and fax this form to Child Welfare & Attendance if you would like a student to receive consideration for extenuating circumstances.

School Name: _____ Date: _____

Full Name of Student: _____

Grade: _____ D.O.B. _____ Check One: Reg. Ed. ESS 504

Number of **unexcused absences** during the school year in question: _____

Number of **excused absences** during the school year in question: _____

Academic Information regarding the student's performance:

Is the child passing academically? Check One: Yes No

Date of SBLC: _____

Please provide the Office of Child Welfare & Attendance with background information about the student and the situation that you believe qualifies this student for extenuating circumstances. Please be as detailed as possible. Include all pertinent information that will aid in making a decision. Be sure to include prior history of retentions (if available). Use an attachment if more space is needed.

<i>For Office Use Only</i>	
Date Received	
Approved	<input type="checkbox"/> Approved Date Approved: _____
Denied	<input type="checkbox"/> Denied Date of denial: _____
	Reason for denial: _____
Notifications	Date of notification: _____ Method of Notification <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Letter Name of school official notified: _____
Signature	_____ Vereta T. Lee, CWA Supervisor