

PCPS ATTENDANCE WAIVER REQUEST FORM

ATTENDANCE REGULATION (ABBREVIATED): WAIVER OF GRADE REDUCTION

A parent may request a waiver of the attendance regulation for extenuating circumstances beyond the parent's and/or student's control. A parent must submit a waiver request to the principal (designee) after the student is absent for the sixth (6) unexcused absence. The waiver request for the appeal must be made in writing within 3 days of the sixth (6) absence. Waiver requests that are filed after this timeframe will not be considered. The principal shall act upon the waiver request within ten (10) administrative days and shall notify the parent of the decision within five (5) administrative days after the decision has been made. A parent may appeal the principal's decision and/or Attendance Team to the Director of Instruction in writing within three (3) days of receipt of the decision from the principal. An unfavorable decision by the Director of Instruction may be appealed to the Superintendent. The decision of the Superintendent is final.

SCHOOL: _____ DATE OF REQUEST: _____
 STUDENT: _____ GRADE: _____
 PARENT/GUARDIAN: _____ PHONE: _____
 WAIVER REQUEST (Circle One): Fall Semester Spring Semester Year

LIST COURSES/CLASS FOR WHICH FAILING GRADE IS DUE TO EXCESSIVE ABSENCES

COURSE/CLASS	PERIOD/BLOCK	TEACHER	NUMBER OF ABSENCES	SCHOOL PRINCIPAL USE	
				APPROVE	NOT APPROVED

Describe in detail the extenuating circumstances for which this waiver request is being filed. Attach any appropriate documentation (ie. Physician statement) not already provided to the school at the time of the absence(s).

Student Signature _____ Date _____
 Parent Signature _____ Date _____

OFFICE USE ONLY
 Date Request Received, _____ Date Request Acted Upon, _____
 Comments: _____
 Principal's Signature _____