



ADDITIONAL ATTENDANCE REQUEST FORM

Child's Name: _____

Additional Day(s) Requested:

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Request Made By: _____

Date of Request: _____

Home School Site: _____

Parent Signature: _____