



REQUEST TO MODIFY A STUDENT'S SCHOOL DAY

STUDENT INFORMATION

School:

Date:

Student:

Grade:

DOB:

Did student begin school at the appropriate age: Yes No
If no, why not?

RATIONALE FOR THE REQUESTED MODIFICATION

Request being made by school Request being made by parents

DESCRIBE THE MODIFICATION THAT IS BEING REQUESTED

DESCRIBE THE PLAN IN PLACE TO WORK UP TO FULL DAYS (Be specific – include dates and plans for increasing attendance)

Anticipated Date of Full-Time Attendance:

Signature of Principal:

I agree that my child would benefit from a modified school day as outlined in this plan.

Date:

Signature of Parent/Guardian:

Date:

Approval of Superintendent of Education:

Date:

Comments: