

LAKE HAMILTON JUNIOR HIGH SCHOOL
Office of the Principal
281 Wolf Street, Percy, AR 71964-9496

PRINCIPAL-J. J. HUMPHRIES
ASST. PRINCIPAL-BRYAN COOK

PHONE (501)767-2731
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REQUEST FOR AN EXTENSION TO ATTENDANCE POLICY

STUDENT NAME: _____ DATE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

If a student is under the care of a doctor, the principal may grant an extension of time. Such extensions may be for chronic illness, injuries, operations, etc. The principal must approve additional absences in advance. It is emphasized that days absent from school should be for personal illness, serious personal or family problems and professional appointments, which cannot be scheduled after school. (STUDENT HANDBOOK-PAGE 9)

PARENT/GUARDIAN STATEMENT: My request for an extension is based on the following reasons:

PHYSICIANS STATEMENT ATTACHED: _____
DETAILED SUMMARY OF DAYS ABSENT ATTACHED: _____

Information presented on this official request is accurate and up to date.

(PARENT/GUARDIAN SIGNATURE)

EXTENSION REQUEST IS: GRANTED _____ DENIED _____

SCHOOL OFFICIAL: _____ DATE: _____