

LAKE HAMILTON MIDDLE SCHOOL
Office of the Principal
120 Wolf Street, Percy, AR 71964-9496

PRINCIPAL - Dewayne Curry
ASST. PRINCIPAL - Jayme Sublett

PHONE (501)767-3355
FAX (501)767-4202

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.

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: _____