

Chesapeake Public Schools
Family Option/Attendance Change Request Form

Student's Name: _____ Student ID Number: _____

Assigned School: _____ Grade Level for 2020-21: _____

Parent/Guardian's Name: _____ Phone Number: _____

Email Address (please print clearly): _____

Reason for Requesting a Change from Option 1 to Option 2

Did not select an option prior to the July 31, 2020 deadline

Medical diagnosis of student
(attach medical note from physician, nurse practitioner, physician's assistant, or licensed mental health provider)

Medical diagnosis of family member residing in home
(attach medical note from physician, nurse practitioner, physician's assistant, or licensed mental health provider)

Extenuating family circumstance (not medically related)
(attach letter explaining circumstances)

Option 1 Students Only: Days of Attendance Special Request

Please check the two days you are requesting your child attend school during a blended model:

T/Th

M/W (HS Only)

W/F (ES & MS Only)

Please explain the reason for this special request and attach any related documentation:

I understand any approved changes will be for the remainder of the first semester (through 2/2/21).

Parent/Guardian's Signature

Date

You will be contacted by your child's school once a decision is made. Staffing allocations were based on student requests submitted by the July 31, 2020 deadline, projected new enrollments, and potential medical-related situations. Non-medical requests will be considered in the order which they were received and will be based on available seat capacity.

FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____ Decision: Approve Decline

Date Parent Notified: _____ Contact Type: Phone Email

Principal's Signature: