

**Chesapeake Public Schools**  
**Family Option/Attendance Change Request Form (Semester 2)**

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Assigned School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (please print clearly): \_\_\_\_\_

**Reason for Requesting a Change from Option 1 to Option 2**

\_\_\_\_\_ 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 school year (through 6/17/21).*

\_\_\_\_\_  
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 December 13, 2020 deadline. 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: \_\_\_\_\_