

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 days you are requesting your child attend school on campus:

Middle School: Tues & Thurs (2 days) Wed & Fri (2 days) Tues – Fri (4 days)

High School: Mon & Wed (2 days) Tues & Thurs (2 days) Mon – Thurs (4 days)

Please explain the reason for this special request and attach any related documentation. Requests related to student mental health must include medical documentation from a licensed mental health provider that includes a diagnosis, an overview of the student's treatment plan, and description of why the student would benefit from additional on-campus learning.

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: