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Half-Day Attendance Request Form

The Columbus City School District permits Parents/Guardians to request their children to attend school for onehalf of the traditional school day. Requests must meet the following conditions:

- The request must be made in writing by the Parent/Guardian, including signature and date. •
- The student must attend a minimum of 50% of the school day during AM or PM session. ٠
- The student must follow the same schedule daily; alternating days are not permitted. ٠
- Transportation will not be provided mid-day; only at the beginning or end of the school day. •

Student Name			
Date of Birth	_ Student ID Number	Grade	
I request my child to attend:	AM session	PM sess	sion
Effective Date:	f-day)		
Reason for request:			
<u> </u>			
By signing below, I agree to the	conditions stated herein.		
By signing below, I agree to the Parent/Guardian Signature	conditions stated herein.		Date
Parent/Guardian Signature Office Use Only			Date
Parent/Guardian Signature Office Use Only			Date
Parent/Guardian Signature Office Use Only Building Principal Signature			
Parent/Guardian Signature Office Use Only Building Principal Signature Please complete each item:		 Date	Date
Parent/Guardian Signature Office Use Only Building Principal Signature Please complete each item: - Area Superintendent notified			Date
Parent/Guardian Signature Office Use Only Building Principal Signature Please complete each item: - Area Superintendent notified - Early Childhood Education D	irector notified	Date Date	Date
Parent/Guardian Signature Office Use Only	irector notified dance course – Start Da	Date Date	Date
Parent/Guardian Signature Office Use Only Building Principal Signature Please complete each item: - Area Superintendent notified - Early Childhood Education Di - Scheduled in ½ day attended	irector notified dance course – Start Da to emailing EMIS)	Date Date	Date

This document must be uploaded to the student's document tab in Infinite Campus.