

West Shore School District
Attendance Exception Request 2024-25 School Year
(One form per student please)

A/E NUMBER SD use only

Student Name: _____ Grade 2024-25: _____

Did this student have an Attendance Exception approved in the previous school year? Yes No

Parent/Guardian Name: _____ Relationship: _____

Current Address: _____

Best Phone Number to Contact: _____

Names of **ALL OTHER** children enrolled in West Shore School District schools whether you are requesting an Exception for them or not (include first and last name). Indicate N/A if not applicable: _____

Parents requesting Attendance Exceptions will be notified as soon as a decision is made. Because of fluctuations in class sizes within a given building, it is not unusual for some decisions to be made only one or two weeks prior to the opening of school.

Each request is considered using the attached guidelines and **is not guaranteed.**

School Requested: _____ **Home School:** _____

IF APPROVED, ATTENDANCE EXCEPTIONS ARE VALID FOR ONE SCHOOL YEAR ONLY.

REASON FOR REQUEST:

CHILD CARE (Grades K-6 only) EMOTIONAL REASONS (**Letter from Psychiatrist must be attached**)

Name of Child Care Provider: _____

PHYSICAL ISSUES (List reasons below in Additional Information or attach letter from medical professional)

Address of Child Care Provider: _____

SENIOR EXCEPTION

Phone Number of Child Care Provider: _____

Moving WITHIN West Shore SD (List new address below)
Date of move: _____

Moving INTO West Shore SD from: _____ School District
NOTE: If not a resident of West Shore SD by the date indicated, parent/guardian may be subject to tuition payments.

Moving OUT OF West Shore SD to: _____ School District
Date of move: _____

ADDITIONAL INFORMATION (if any): _____

Please ensure that you contact our Registration office at (717) 938-9577 to change your address

Complete new address (if different from current): _____

New phone number (if applicable): _____

Parent/Guardian Signature: _____ Date: _____
Parent/Guardian signature indicates you have read and understand the attached Guidelines

SIGN AND DATE THIS FORM AND RETURN TO THE SCHOOL PRINCIPAL WHERE YOU WANT YOUR CHILD TO ATTEND

FOR SCHOOL/DISTRICT USE ONLY

Principals are reminded to follow Board policy and the attached Guidelines when granting approval of the requested Exception.

<hr/>	Approved	Denied
Receiving School Principal Signature		
<hr/>		
Date		
Comments:		
<hr/>		
<hr/>		
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DISTRICT OFFICE USE ONLY

This request is:	Approved	Denied
As per the following comments or conditions:		
<input type="checkbox"/> It is not consistent with Board Policy	<input type="checkbox"/> Special Considerations	
<input type="checkbox"/> Space is not available in the classroom		<hr/>
<input type="checkbox"/> Administratively approved		
<input type="checkbox"/> 2024-2025 school year only		
<input type="checkbox"/> Transportation is the responsibility of the parent	<input type="checkbox"/> Transportation Exception is permitted to/from daycare	
<input type="checkbox"/> Other		<hr/>

Assigned School: FC HG HS NB RM RS WH FVIS OTIS AL CM NC CC RL

Effective Date:

Director of Student Attendance - Initials

Date signed