A/E NUMBER
SD use only

West Shore School District
Attendance Exception Request 2026-27 School Year
(One form per student please)

Student Name: _____ Grade 2026-27: _____

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)
Name of Child Care Provider:
_____

Address of Child Care Provider:
_____

Phone Number of Child Care Provider:
_____

☐ EMOTIONAL REASONS (include supporting documentation from mental health provider).

☐ PHYSICAL ISSUES (List reasons below in additional information or attach letter from medical professional.

☐ SENIOR EXCEPTION

☐ 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 may be subject to a daily fine equal to the PDE tuition rate for the District.

☐ 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

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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

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FOR SCHOOL/DISTRICT USE ONLY

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

_____ **Approved** **Denied**

Receiving School Principal Signature

_____

Date

Comments: _____

_____

_____

DISTRICT OFFICE USE ONLY

This request is: **Approved** **Denied**

As per the following comments or conditions:

☐ It is not consistent with Board Policy

☐ Special Considerations

☐ Space is not available in the classroom

_____

☐ Administratively approved

☐ 2026-2027 school year only

☐ Transportation is the responsibility of the parent

☐ Transportation Exception is permitted to/from daycare

☐ Other _____

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

Effective Date: _____

_____

Director of Safety and Student Attendance - Initials

_____

Date signed

Rev. 10/8/2024