

Extenuating Absences for Attendance

Dickenson County Public Schools



P.O. Box 1127, 309 Volunteer Avenue

Clintwood, Virginia 24228

Phone (276) 926-4643 Fax (276) 926-6374

Student Name: _____ Grade: _____

School _____

Please describe the extenuating circumstances for Absence(s):

Please list the date(s) of the absence(s) you are requesting to be considered:

Please list other siblings for whom this exception will be requested: (please include school of each sibling)

Parent's/Guardian's Signature

Signature Date

_____ Request Approved Notes:

_____ Request Denied

Principal's Signature Date

For requests of more than five days, the request must be endorsed by the principal and approved by the Superintendent/Designee.

_____ Request Approved

_____ Request Denied

Superintendent

Date