

NC Pre-K Student Exception Request

Instructions: Complete this form to request an exception for the **current** month of attendance.

SITE/STUDENT INFORMATION

NC Pre-K Site: _____ Classroom #: _____ Lead Teacher: _____
Student's First Name: _____ Student's Last Name: _____
Student's Date of Birth: _____ # of Days Attended this Month: _____

CURRENT FAMILY CONTACT INFORMATION

Parent/Guardian Name: _____ Email: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: _____ Alternate Phone Number: _____

REASON FOR EXCEPTION

- ☐ Child Started Mid-Month If child started mid-month, what is their start date? _____
☐ Medical Need (Attach Documentation)
☐ Other Special Circumstances (Attach Documentation) If other, please explain: _____

SIGNATURE

Administrator Signature

Date

RETURN COMPLETED FORM BY

Email/Scan:
kristiek@guilfordchildren.org

OR

Mail:
Guilford County Partnership for
Children ATTN: Kristie Kylander
4900 Koger Boulevard, Suite 151
Greensboro, NC 27407

OR

Fax:
(336) 274-5447

★ CONTRACT ADMINISTRATOR USE ONLY ★

Received By: _____ Date Received: _____

Exception Granted? ☐ Yes ☐ No