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:
attendance@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
ATTN: Kristie Kylander

★ CONTRACT ADMINISTRATOR USE ONLY ★

Received By: _____ **Date Received:** _____

Exception Granted? ☐ Yes ☐ No