NC Pre-K Student Exception Request

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

Student's First Name: Student's Last Name: # of Days Attended this Month: CURRENT FAMILY CONTACT INFORMATION Parent/Guardian Name: Email: State: Zip:	SITE/STUDENT INFORMATION			
Student's Date of Birth: # of Days Attended this Month: CURRENT FAMILY CONTACT INFORMATION	NC Pre-K Site:	Classroom #: Lead Teacher:		
CURRENT FAMILY CONTACT INFORMATION Parent/Guardian Name:	Student's First Name:	Student's Last Name:		
Parent/Guardian Name:	Student's Date of Birth:	# of Days Attended this Month:		
Street Address: City: State: Zip: Primary Phone Number: REASON FOR EXCEPTION Child Started Mid-Month	CURRENT FAMILY CONTACT INFORMATION			
Primary Phone Number: REASON FOR EXCEPTION Child Started Mid-Month If child started mid-month, what is their start date?	Parent/Guardian Name:	Email:		
REASON FOR EXCEPTION Child Started Mid-Month	Street Address:	City:	State: Zip:	
Child Started Mid-Month	Primary Phone Number: Alternate Phone Number:			
Medical Need (Attach Documentation) If other, please explain:	REASON FOR EXCEPTION			
Other Special Circumstances (Attach Documentation) Signature	☐ Child Started Mid-Month	If child started mid-month, what i	s their start date?	
Administrator Signature Date RETURN COMPLETED FORM BY Mail: Guilford County Partnership for Children OR ATTN: Kristie Coffer OR 4900 Koger Boulevard, Suite 151 Greensboro, NC 27407 ** CONTRACT ADMINISTRATOR USE ONLY ** Received By: Date Received:	☐ Medical Need (Attach Documentation	on)		
Administrator Signature RETURN COMPLETED FORM BY Mail: Guilford County Partnership for Children OR ATTN: Kristie Coffer OR 4900 Koger Boulevard, Suite 151 Greensboro, NC 27407 ** CONTRACT ADMINISTRATOR USE ONLY ** Received By:	☐ Other Special Circumstances (Attach	Documentation) If other, please explain:		
RETURN COMPLETED FORM BY Mail: Guilford County Partnership for Children Fax: ATTN: Kristie Coffer OR 4900 Koger Boulevard, Suite 151 Greensboro, NC 27407	SIGNATURE			
RETURN COMPLETED FORM BY Mail: Guilford County Partnership for Children Fax: ATTN: Kristie Coffer OR 4900 Koger Boulevard, Suite 151 Greensboro, NC 27407				
Email/Scan: kristiec@guilfordchildren.org OR ATTN: Kristie Coffer 4900 Koger Boulevard, Suite 151 Greensboro, NC 27407 ** CONTRACT ADMINISTRATOR USE ONLY ** Received By: Date Received:	Admin	istrator Signature	Date	
Email/Scan: kristiec@guilfordchildren.org OR ATTN: Kristie Coffer 4900 Koger Boulevard, Suite 151 Greensboro, NC 27407 ** CONTRACT ADMINISTRATOR USE ONLY * Received By: Date Received:	RETURN COMPLETED FORM BY			
Received By: Date Received:	- ()	Guilford County Partnership for Children R ATTN: Kristie Coffer OR 4900 Koger Boulevard, Suite 151		
·		★ CONTRACT ADMINISTRATOR USE ONLY ★		
Exception Granted?	Received By:	Date Received:		