

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:
kristiec@guilfordchildren.org

OR

Mail:
Guilford County Partnership for Children
ATTN: Kristie Coffey
500 W. Friendly Avenue, Suite 100
Greensboro, NC 27401

OR

Fax:
(336) 279-7404

★ CONTRACT ADMINISTRATOR USE ONLY ★

Received By: _____ Date Received: _____

Exception Granted? Yes No