

## 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  
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