



ADDITIONAL ATTENDANCE REQUEST FORM

Additional Attendance Checklist

- Copy to site BB
- Call Log OF
- If half day or full day -
- Numbers Reports
- Access Fax Lists
- Billing Clerk
- Operations Manager
- Business Manager

Child's Name: _____

Additional Day(s) Requested:

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Date: _____ Session (circle): AM PM FULL DAY HALF DAY

Request Made By: _____

Date of Request: _____

Home School Site: _____

Parent Signature: _____