



CUMBERLAND COUNTY PUBLIC SCHOOLS

P. O. BOX 170
CUMBERLAND, VIRGINIA 23040
(804) 492-4212
FAX (804)492-9869

EXCEPTIONAL CIRCUMSTANCE FORM

Student: _____ *DOB:* _____ *Grade:* _____

School: _____

Dear Principal,

My child needs to be absent from school for _____ days due to the following reason(s):

I am requesting you allow my child to be absent from school on the following dates:

By signing this form, I agree to have my child make up any and all classwork, assignments, and tests within five (5) days of his/her return to school.

Parent/Guardian Signature: _____ *Date:* _____

_____ This request has been **approved** and meets the established guidelines of exceptional circumstances.

_____ This request has been **denied** because it does not meet the established guidelines of exceptional circumstances.

Principal's Signature: _____ *Date:* _____