

Brevard Public Schools
School Age Child Care Programs

REQUEST FOR CREDIT ADJUSTMENT FOR ABSENCE

Please submit this request to a staff member

NOTE: Request for Credit adjustment must be made within five (5) school days from the last day of absence.

Today's Date: _____

Name of Child: _____

Enrolled Program: ___ AM Only ___ PM Only
 ___ AM/PM (Full Time) ___ Other -Identify: _____

Week of Absence: _____ - _____
 (Monday's Date) (Friday's Date)

Days Absent: M T W TH F

(Credits are provided only to students absent three or more days in one week)

Parent Signature

Staff Signature/Date

<u>FOR SCHOOL USE ONLY</u>	
Approved: _____	Date: _____
Denied: _____	Date: _____
Remarks: _____	