HAMTRAMCK PUBLIC SCHOOLS

EXTENDED ABSENCE NOTIFICATION FORM

D.4	Chaland Land ID #
Date:	Student Local ID #
School:	Student Name:
Student Date of Birth:	Student Grade:
As the parent/guardian ofake my child out of school for an ex	, I am choosing to tended period of time.
Γhe last day of school for my child w	vill be:
anticipate that my child will return	on:
The reason for this absence is:	
I understand that by doing this, I am further understand that the following • Student not receiving credit	putting my child at risk for failure in school. I may occur: for time missed ne building, schedule, or teacher upon return ext grade level

I also understand that if the absence is over 10-days then upon my child's return I must:

- Reregister my child at the Residency Office.
- Provide official transcripts (translated into English) if my child attended school during his/her time away from Hamtramck.
- If your child is Schools of Choice and is dropped for non-attendance then you will not be able to re-enroll until the next Schools of Choice application period.

Parent/Guardian Print	Parent/Guardian Signature	 Date
Tarent/ Guardian Time	Tarente Gaardian Signature	Revised 7/24/2020

Please list here any SIBLINGS (brothers or sisters) that will also be gone on an extended absence from a Hamtramck Public School for the same reason and length of time:

	Student Local ID #	
Student Name:	Birth Date:	
	Student Local ID #	
Student Name:	Birth Date:	
	Student Local ID #	
Student Name:	Birth Date:	
	Student Local ID #	
Student Name:	Birth Date:	
	Student Local ID #	
Student Name:	Birth Date:	
OFFICE USE ONLY:		
Entered:	Initials:	
sition	Date	