Northeastern Catholic District School Board

REQUEST TO MODIFY A STUDENT SCHOOL DAY

STUDENT INFORMATION

School:	Date:	
Student:	Grade:	DOB:

Did student begin school at the appropriate age: { Yes   { No
If no, why not?

RATIONALE FOR THE REQUESTED MODIFICATION

{ Request being made by school   { Request being made by parents

DESCRIBE THE MODIFICATION THAT IS BEING REQUESTED

DESCRIBE THE PLAN IN PLACE TO WORK UP TO FULL DAYS
(Be specific – include dates and plans for increasing attendance)

Anticipated Date of Full Time Attendance:

Signature of Principal:

{ I agree that my child would benefit from a modified school day as outlined in this plan.

Date: