

Central Academy of Technology and Arts
600 Brewer Dr.
Monroe, NC 28112
704-296-3088

Date: 8/14/17 **8 DAY WAIVER REQUEST**

To the Parents/Guardians of:
 Student Name Student Number GR: Academy
 Student Address

Dear Parent,

According to UCPS attendance policy, we regret to inform you that your child, **Student Name**, has accumulated a total of eight or more absences in one or more of his/her current classes as listed below. **Unless Student Name has his/ her absences waived, his/her has failed the current semester class(s) listing 8 or more total absences.** Union County Public School’s Attendance Policy states, “Credit will not be granted for classes when absence for a student reaches 8 days for a semester- long course and 15 for a year-long course.”

In order for **Student Name** absences to receive consideration for waiver and to receive credit for her course(s), then she must return this “Request for Waiver of Absences,” form with a parent signature. All students with eight or more absences in any period must complete this process. It is the student’s responsibility to return this form to the main office for processing. In addition, we notify students personally at school of their attendance issues and give them the opportunity to start the recovery process for unexcused absences. The recovery process occurs throughout the semester and students should make up missed classes within a few weeks of the unexcused absence. Students are limited in how many absences they can recover (up to three in each class), so parents and students must be very mindful of any absence that is not documented as excused as it can cause a student to fail a course.

An excused absence is eligible for consideration of a granted waiver through this process only. Absences may be eligible for waiver with a doctor/dental note, or a documented court appearance. Parent notes are not automatically waived. Please consult the UCPS student handbook for lawful reasons for absences or call the school to speak with Bryanna's guidance counselor or grade level administrator at 704-296-3088.

Sincerely,

Dr. Kim Fisenne, Principal
 Central Academy of Technology and Arts

Block	Term	Course	Teacher	Excused AB	Unexcused AB	Total AB
1(A)				0	0	0
1(A)				0	0	0
2(A)				0	0	0
2(A)				0	0	0
3(A)				0	0	0
3(A)				0	0	0
4(A)				0	0	0

**

Please return the bottom portion of this letter if you would like your child’s absences considered for waiver. FORM

Due by :

STUDENT’S FULL NAME :

GRADE:

PLEASE PROVIDE THE REASON THAT YOU FEEL THE UNEXCUSED ABSENCES ARE WAIVABLE ON THE BACK OF THIS FORM. BOTH PARENT AND STUDENT MUST SIGN THE BACK OF THIS FORM. PLEASE KEEP THE TOP PORTION OF THE FORM AND RETURN THE BOTTOM OF THE FORM. YOUR STUDENT WILL RECEIVE A COPY OF THE RESULTS. IF YOUR CHILD CONTINUES TO ACCUMULATE ABSENCES, THEN HE OR SHE WILL NEED TO COMPLETE ADDITIONAL WAIVER FORMS.