

**Absences and Excuses**

**PARENT/GUARDIAN REQUEST FOR EXTENSION OF PARENT NOTES**

Please complete and mail or fax to:

**Fayette County Schools  
Director of Pupil Personnel  
450 Park Place  
Lexington, KY 40511  
Fax 381-4194**

**Date:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street/Apartment City State Zip*

**Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip*

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**The fax number of your physician must be included.**

I, as parent or guardian of \_\_\_\_\_ authorize and approve  
*Student*

the release of medical information concerning my child listed above as it directly relates to my request for an extension to the Fayette County Public Schools policy 9.123 (**Excused Absences**, section 2).

**Parent/Guardian Signature:** \_\_\_\_\_

**Typed or Printed Signature:** \_\_\_\_\_