

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 859-422-9874**

Date: _____

School Name: _____

Student Name: _____ **Date of Birth** _____

Parent/Guardian Name: _____

Address: _____
Street/Apartment City State Zip

Physician's Name & Clinic/Hospital 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: _____