ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR MINIMUM-ATTENDANCE EXEMPTION*

Student's Name _____ Grade _____

School_____ Date_____

Parent/Guardian_____

Address_____

According to ECISD's attendance policy (FDD-R), students with chronic illnesses such as acute asthma, diabetes, congenital heart ailment, etc. that result in absences from school for short periods of time may receive exemption status subject to the following two conditions:

1. Statement from parent describing the need for exemption status for the child:

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_____
Parent's Signature

2. Attachment, to the back of this application, of a doctor's statement describing the illness or need for exemption.

*This application must be submitted yearly.